Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		Dı	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Grant Elem						Beaverhead		0003	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
	•		-			-			
				10					
ls this contract share □ yes □ no	ed between el	ementary ar	id high schoo	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MC <i>P</i>	A, provides for	increased rein	nbursement	1				
rates for special circum increased rates, individual trustees of the district,	fual circumstance the county trans	es must be re	viewed and ap	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stuc	dent Name	School		Grade
Check here only if incre District Trustees and the	eased payment ne County Trans	portation Con	nmittee.	proved by the					2.0.00
Elem District Approval		□ no	itials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian						des 1-12		l	
la anni a On a an						st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters
Jeannie Spoon Physical Address (s	treet address	only).				kindergarten/Kinder			
1 Hysical Address (s	licci addicas	Offig).			⊔ 1	st Semester Only	□ 2nd Semester On	ly 🗆 Both Se	mesters
Distance from home	e to nearest sc	hool (one wa	ay)		Kind	DERGARTEN/PREM Dergarten child ride his contract:	KINDERGARTEN: es <u>with</u> other school-	age students a	lso covered
Elementary 8	HS 0	·	• ·		To c	or from Bus Stop	times per day,	day	s per week
Distance from home Elementary 4	to nearest but HS 0	ıs stop, if an	y (one way)		Kin d To d	dergarten child ride or from Bus Stop	times per day, es <u>without</u> other scho times per day,	ool-age studen day:	s per week
□ Contract is for o	ne-way only				To c	or from School	times per day,	day	s per week
Students in Each Grade Le	evel - Only include	the students to t	ne covered by thi	s contract.	Dea	adlines:			
	Pre-K	V	4.0	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.		
	Total	K Total	1-8 Total	Total	CLE files		to County Supt by Ju	ly 1, retain a co _l	py for your
Regular Trans					001	INITY OF DEDINATES	IDENTO Considerático	-14- 001 5 1	. 40
Spec. Ed. Trans						for your files.	IDENTS: Send origina	ai to OPI by July	/ 10, retain a
Room & Board							IMBURSEMENT R	—	
Correspondence						(For dist	rict, county and OP	l use only)	
Reg.						Doimh	ursement rate is deter	minod by	
Contingency						Reillib	20-10-142, MCA.	illilled by	
Spec. Ed. Contin.									
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name)				County, hereina	fter referred	to as the District(s).			
The parties agree as follow 1. The parent shall tra		ransportation for	the student(s) to	and from the school	ol or bus stop on	the days when school is in	session. The parent or guar	dian assures that a li	censed and
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transportat	tion for the dista	nce reported on the contract			
transported for the	past semester.		•		·	the information accompany	•		-(-) :: ==
 This contract shall 	terminate at the en	d of the school y	ear or when the	student(s) is no long		chool, whichever occurs firs		Data	
Elementary School I Grant Elem	DISTRICT	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006 Due to School Clerk June Contract #

Heler	na, MT 59620	-2501		Di	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract	ntract		County	_	Legal Entity	
Grant Elem						Beaverhead		0003	
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share	ad batwaan al	omonton, or	d high coho	N2					
	ea between ei	ementary ar	ia nign schoo) וכ					
Are you applying for	isolation statu	us? □ Yes	□ No		Stu	dent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement]]	dent Name	301001		Grade
rates for special circum	nstances of isola	ition of resider	nce. In order to	o receive	Stu	dent Name	School		Grade
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the		Stut	dent Name	301001		Grade
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Otac	aciii i vaiii c	Concor		Grade
		In	itials		Stud	dent Name	School		Grade
Elem District Approval HS District Approval		□ no □ no							
County Approval		□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly 🗆 Both Se	mesters
Kelly Worrell					Pre-	kindergarten/Kinder	narten		
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly 🗆 Both Se	mesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home		l l . / · · ·			Kind	dergarten child ride	es with other school-	age students a	lso covered
Distance from home Elementary 20	to nearest sc HS 0	nooi (one w	ay)		by t	his contract:	times per day, _	day	s ner week
•			,		To c	or from School	times per day,	day	s per week
Distance from home Elementary 8	to nearest bu HS 0	is stop, if an	y (one way)		Kine	dergarten child ride	es <u>without</u> other scho	ool-age studen	ts: s ner week
					To d	or from School	times per day,	day	s per week
□ Contract is for o	, ,				Do	adlines:			
Students in Each Grade Le	evel - Only include	the students to i	be covered by thi	s contract.	PAF	RENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	EDKS: Sand original	to County Supt by Jul	ly 1 rotain a co	ny for your
	Total	Total	Total	Total	files		to County Supt by Ju	iy i, ietalii a co	by for your
Regular Trans					COI	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	v 10 retain a
Spec. Ed. Trans						y for your files.	DENTS. Send ongine	ar to Or 1 by July	, 10, letaill a
Room & Board						RF	EIMBURSEMENT R	ATF	
							rict, county and OPI		
Correspondence								• •	
Reg.						 Reimbi	ursement rate is deteri	mined by	
Contingency Spec. Ed. Contin.							20-10-142, MCA.		
5p00. Eu. 00mm.									
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		,
(county name)			(County hereina	ifter referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	dian assures that a li	consed and
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract	ct actually occurs.		
transported for the	past semester.	•	•		•		rincipal of the school of the nu	amber of days the Stt	uciii(ə) Was
 This contract shall 	terminate at the en	d of the school	ear or when the	student(s) is no long		the information accompany chool, whichever occurs firs		T. 6.	
Elementary School I Grant Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	·	Legal Entity
Grant Elem						Beaverhead		0003
High School or K-12 Di	strict Responsib	le for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between ele	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation)		□ No	nhursement	Stud	ent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola lual circumstanc the county trans	tion of residen es must be rev portation comr	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Stud	ent Name	School	Grade
Elem District Approval		no	ials 		Stud	ent Name	School	Grade
HS District Approval County Approval	•	no no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Please	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y Both Semesters
Maria Cervantes		I. A.				kindergarten/Kinder		
Physical Address (st	treet address (oniy):			□ 1:	st Semester Only	☐ 2nd Semester Only	y Both Semesters
Distance from home Elementary 8 Distance from home Elementary 6 Contract is for or Students in Each Grade Leader Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kinc by ti To o To o Kinc To o To o Dea PAR CLE files.	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original UNTY SUPERINTEN r for your files. RE	times per day, tool Clerk June 1.	days per week days per week days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)
insured driver will tr 2. In March and June, transported for the 3. The payment shall	nsport or provide transport the studen the District shall p. past semester. be computed on the terminate at the en District	ransportation for tts. Mileage cont ay the parent the e basis of the sci d of the school y	the student(s) to racts are valid of sum officially a hedule establishear or when the rd of Truste	o and from the school only when transportatic pproved in the applica and in Section 20-10-1 student(s) is no longe es	or bus stop on on for the distartion upon certif 42, MCA, and the enrolled in sc	nce reported on the contractication by the teacher or put the information accompany hool, whichever occurs firs	session. The parent or guard tactually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was Date Date
Signature - Parent or	Guardian		I attes	t that the above i	information	is true and correct.	Date	
orginature - Parent Or	Guaruidii						Dale	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			06 ne 1			
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Dis	trict Responsit	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Beaverhead Cou	·		Ü		Beaverhe	ead	0006
Is this contract share		ementary an	d high scho	ol?	1		
□ yes□ noAre you applying for	isolation stat	us? □ Yes	□ No				
(If yes, please attach ISOLATION: Section 2	explanation)	1		nbursement	Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola lal circumstand ne county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increa	ased payment	due to isolatio sportation Com	n has been ap nmittee.	proved by the	Student Name	School	Grade
Elem District Approval		□ no	tials		Student Name	School	Grade
HS District Approval County Approval	□ yes	no			THIS CONTRAC Grades 1-12	T IS FOR:	
Parent or Guardian N	,	e Print)				Only	Only Both Semesters
Bryan & Marcia N Physical Address (str	Mussard eet address	only):			Pre-kindergarten □ 1st Semester	/Kindergarten Only □ 2nd Semester	Only Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contingency	HS 0 to nearest bu HS 5 e-way only	us stop, if any	y (one way)	9-12 Total	by this contract To or from Bus S To or from School Kindergarten ch To or from Bus S To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPEI copy for your file	times per da times per da times per da times per da tid rides without other so top times per da to School Clerk June 1. original to County Supt by	y, days per week y, days per week July 1, retain a copy for your ginal to OPI by July 10, retain a RATE OPI use only) termined by
Spec. Ed. Contin.						20-10-142, MOA	٩.
insured driver will tra 2. In March and June, transported for the p 3. The payment shall b	s: sport or provide to stude the District shall past semester. e computed on the	transportation for ints. Mileage con pay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	ter referred to as the Dis or bus stop on the days when s on for the distance reported on t	chool is in session. The parent or g he contract actually occurs. acher or principal of the school of th ccompanying this contract.	uardian assures that a licensed and e number of days the student(s) was
Elementary School D		Chair, Boa	ard of Truste	es			Date
High School District Beaverhead County	HS	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and o		
Signature - Parent or C	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620			S Di			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Con	tract	County		Legal Entity
Beaverhead Co	unty H S				Beaverhead		0006
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ce. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Init	ials		Student Name	School	Grade
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Onl	ly Both Semesters
Calvin & Lorie Z		only):			Pre-kindergarten/Kinde		
Filysical Address (s	sireer address	Offig).			1st Semester OnlyKINDERGARTEN/PRE		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0	·	• /		by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, _ les <u>without</u> other scho times per day, _	days per week days per week ool-age students: days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include		e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sci	nool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Jul	ly 1, retain a copy for your
Regular Trans					COUNTY SUPERINTE	NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT Ratirict, county and OPI	
Correspondence Reg.							
Contingency					Reimb	oursement rate is deterr 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20 10 142, 10071.	
Agraement between	naront (naro	ot nama)			and ashaal district (dis	triot namo)	
Agreement between	ı parent (parei	к наше <u>)</u>		County harains	, and school district (dis fter referred to as the District(s	,	
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	or bus stop on the days when school is	•	dian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude	nts. Mileage conf	racts are valid	only when transportat	ion for the distance reported on the contraction upon certification by the teacher or	act actually occurs.	
transported for the 3. The payment shall 4. This contract shall	be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-	142, MCA, and the information accompar er enrolled in school, whichever occurs fi	nying this contract.	
Elementary School			rd of Truste		er ernolled in school, whichever occurs in	Si.	Date
High School District Beaverhead County		Chair, Boa	rd of Truste	es		Date	
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620								
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		<u> </u>	Legal Entity	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County			Legal Entity	
Beaverhead Cou	•		3		Beave	rhead		0006	
Is this contract share		ementary an	d high scho	ol?	200.10				
□ yes□ noAre you applying for	icolation stat	us2 □ Vos	□ No						
(If yes, please attach ISOLATION: Section 2	explanation)	A, provides for	increased reir		Student Name	Э	School		Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	ces must be re sportation com	viewed and apmittee, and the	proved by the	Student Name	e	School		Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Student Name	Э	School		Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student Name	9	School	 	Grade
County Approval	□ yes	□ no			THIS CONTR Grades 1-12	ACT IS FO	<u>₹:</u>		
Parent or Guardian I	Name: (Pleas	e Print)				ter Only	□ 2nd Semester Only	y 🗆 Both Semes	sters
Debra L. Gross Physical Address (st	reet address	only):			Pre-kindergar □ 1st Semes		arten □ 2nd Semester Onl	y Both Semes	sters
Elementary 0 Distance from home Elementary 0 Contract is for or	stance from home to nearest bus stop, if any (one way) ementary 0 HS 28 Contract is for one-way only idents in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total egular Trans bec. Ed. Trans boom & Board borrespondence eg. ontingency					child rides act: s Stophool child rides s Stophool Due to School end original to period rides. REI (For distri	times per day,times p	days pe days pe days pe ol-age students: days pe days pe days pe	er week er week er week er week
insured driver will tr. In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment	s: nsport or provide to ansport the stude: the District shall past semester. be computed on the erminate at the er	rransportation for this. Mileage con yay the parent the ne basis of the so d of the school y	the student(s) to stracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	on for the distance reported	District(s). en school is in s on the contract e teacher or prir on accompanyir	ession. The parent or guard actually occurs.	mber of days the student	
Elementary School [ISTRICT	,	ard of Truste					Date	
High School District Beaverhead County	H S	Chair, Boa	ard of Truste	es 				Date	
0:			l attes	t that the above	information is true an		Duti		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			School Year 2 ie to School (
Elementary District Re	sponsible for Re	eimbursing the	Contract		С	ounty	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Cont	ract	С	ounty		Legal Entity
Beaverhead Co	unty H S				В	eaverhead		0006
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?				
Are you applying for (If yes, please attaction: Section	h explanation))		nhursoment	Studen	t Name	School	Grade
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be rev sportation comr	ce. In order to riewed and ap nittee, and the	o receive oproved by the		t Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	proved by the	Studen	t Name	School	Grade
Elem District Approval HS District Approval		□ no	ials 		Studen	t Name	School	Grade
County Approval	□ yes	□ no			THIS C	ONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester Onl	y Both Semesters
Michael Raffety Physical Address (s		only):				dergarten/Kinder		
Filysical Address (s	alleet address	orily).				•	2nd Semester Onl KINDERGARTEN:	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 19 e to nearest bu HS 6.5	·			Kinder by this To or fr To or fr Kinder To or fr	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop	times per day,times per day,times per day,times per day,s without other scho_times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade L	, ,	the students to be	e covered by thi	s contract.	<u>Dead</u>			
	Pre-K	К	1-8	9-12	PARE	ITS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLERP files.	(S: Send origina	I to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						TY SUPERINTEN r your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board					,	•	EIMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
opec. Lu. Contini.								
A		-4					oi at a success	
Agreement between	трагені (рагеі	it flame)		2tt		chool district (dist	,	······································
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage cont pay the parent the	the student(s) to racts are valid of sum officially a	o and from the school only when transportati pproved in the applica	or bus stop on the ion for the distance ation upon certificat	reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and mber of days the student(s) was
4. This contract shall Elementary School	terminate at the er	nd of the school ye	ear or when the	student(s) is no longe	er enrolled in schoo	I, whichever occurs firs	st.	Date
High School District	:	,	rd of Truste					Date
Beaverhead County	7112		l attes	t that the above	information is	true and correct.		
Signature - Parent or	Guardian		i diles	t triat tric above	omiation is	ado ana contect.	Date	
							İ	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box 2	10010 instruction 02501 IT 59620-2501		Sc Due			
Elementary District Respons	sible for Reimbursing th	e Contract		County		Legal Entity
High School or K-12 District	Responsible for Reimb	oursing the Contra	act	County		Legal Entity
Beaverhead County	'HS			Beaverhead		0006
Is this contract shared be ☐ yes ☐ no	etween elementary a	and high school	?			
Are you applying for isole (If yes, please attach exp ISOLATION: Section 20-10)	olanation)		bursement	Student Name	School	Grade
rates for special circumstan- increased rates, individual of trustees of the district, the of Public Instruction. (10.7.116	ces of isolation of resid ircumstances must be ounty transportation co	ence. In order to reviewed and app mmittee, and the	receive proved by the	Student Name	School	Grade
Check here only if increased District Trustees and the Co	unty Transportation Co	mmittee.	roved by the	Student Name	School	Grade
Elem District Approval HS District Approval		nitials 		Student Name	School	Grade
County Approval Parent or Guardian Nam	e: (Please Print)			THIS CONTRACT IS FOR Grades 1-12 1st Semester Only	DR: ☐ 2nd Semester Onl	y □ Both Semesters
Robert M. Schonsb	erg			Pre-kindergarten/Kinder		y Both Ochicaters
Physical Address (street				☐ 1st Semester Only		y Both Semesters
Distance from home to n Elementary 0 HS Contract is for one-w Students in Each Grade Level - 6	HS 40 earest bus stop, if a S 12 ay only	ny (one way)	contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send original files. COUNTY SUPERINTER copy for your files. RI (For dist	times per day, times	days per week da
Spec. Ed. Contin.					20-10-142, MCA.	
insured driver will transport In March and June, the D transported for the past s The payment shall be con	t or provide transportation rt the students. Mileage c istrict shall pay the parent emester. nputed on the basis of the	for the student(s) to ontracts are valid on the sum officially apposed	and from the school or ly when transportation proved in the application d in Section 20-10-142	, and school district (district referred to as the District(s) bus stop on the days when school is in for the distance reported on the contrain upon certification by the teacher or p. MCA, and the information accompanion	n session. The parent or guard ct actually occurs. rincipal of the school of the nu ying this contract.	
4. This contract shall termin Elementary School Distr		oard of Trustee		enrolled in school, whichever occurs fin	JL.	Date
High School District Beaverhead County H S		oard of Trustee	s			Date
		I attest	that the above in	formation is true and correct.		
Signature - Parent or Guar	dian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity				
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Cont	ract	County		Legal Entity				
Beaverhead Co	unty H S				Beaverhead		0006				
Is this contract share □ yes □ no	ed between e	lementary an	d high scho	ol?							
Are you applying for (If yes, please attack	h explanation)	□ No		Student Name	School	Grade				
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com-	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade				
Public Instruction. (10.) Check here only if incredistrict Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade				
Elem District Approval	-		tials		Student Name	School	Grade				
HS District Approval County Approval		□ no			THIS CONTRACT IS	FOR:					
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters				
Shawna Page Physical Address (s	treet address	only):			Pre-kindergarten/Kind		= D # 0				
1 Hysical Address (s	irect address	Offig).			1st Semester Only KINDERGARTEN/PR	□ 2nd Semester Only	y Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 0 to nearest bu HS 17	·	• /		Kindergarten child r by this contract: To or from Bus Stop_ To or from School Kindergarten child r	ides <u>with</u> other school-a times per day, _ times per day, _ ides without other scho	days per week days per week days per week ol-age students: days per week days per week days per week				
Students in Each Grade Le	, ,	the students to b	e covered by thi	is contract.	Deadlines: PARENTS: Due to S	ahaal Clark kura 4					
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origi		y 1, retain a copy for your				
Regular Trans					files.	ENDENTS: Conductions	ul to ODI by July 10, rotoin a				
Spec. Ed. Trans					copy for your files.	ENDENTS: Send origina	ıl to OPI by July 10, retain a				
Room & Board						REIMBURSEMENT RA					
Correspondence Reg.											
Contingency Spec. Ed. Contin.					Reir	nbursement rate is detern 20-10-142, MCA.	nined by				
орео: Еа: Оонын:											
Agreement between	n parent (pare	nt name)			, and school district (d	istrict name)	,				
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall p past semester. be computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(or bus stop on the days when school on for the distance reported on the contact on upon certification by the teacher of the distance reported on the contact of the distance reported on the contact of the distance reported on the distance reported on the distance of th	s in session. The parent or guard tract actually occurs. or principal of the school of the nur anying this contract.					
Elementary School		Chair, Boa	rd of Truste	es			Date				
High School District Beaverhead County		Chair, Boa	rd of Truste	es			Date				
			I attes	t that the above	information is true and correct	et.					
Signature - Parent or	Guardian					Date					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	sing the Cont	ract	County		Legal Entity
Beaverhead Co	unty H S				Beaverhead		0006
Is this contract share □ yes □ no	ed between e	lementary an	d high school	ol?			
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individing trustees of the district,	nstances of isola lual circumstand the county trans	ation of resident ces must be resportation com-	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.) Check here only if incredistrict Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS I	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Ted & Sherri Nice Physical Address (s		only):			Pre-kindergarten/Kinde		
Physical Address (s	ireet address	orily).			•	□ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 0 to nearest bu HS 12 ne-way only	us stop, if any	(one way)		by this contract: To or from Bus Stop_ To or from School Kindergarten child ric To or from Bus Stop_ To or from School	des <u>with</u> other school-a times per day, _ times per day, _ des <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	evel - Only include		e covered by thi	is contract.	<u>Deadlines:</u> PARENTS: Due to So	chool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origin files.	al to County Supt by Jul	y 1, retain a copy for your
Regular Trans						ENDENTS: Send origina	l to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board Correspondence						REIMBURSEMENT RA strict, county and OPI	
Reg.					Poim	bursement rate is detern	oinod by
Contingency Spec. Ed. Contin.					Keiiii	20-10-142, MCA.	lined by
		L.					
Agreement betweer	parent (pare	nt name)			, and school district (di	strict name)	,,
insured driver will t 2. In March and June transported for the 3. The payment shall	Insport or provide ransport the stude the District shall past semester. be computed on the	nts. Mileage compay the parent the	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contation upon certification by the teacher or 142, MCA, and the information accomparer enrolled in school, whichever occurs is	in session. The parent or guard ract actually occurs. principal of the school of the null onlying this contract.	
Elementary School	District	Chair, Boa	rd of Truste	es			Date
High School District Beaverhead County		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620								
Elementary District Res	ponsible for Re	eimbursing the	Contract		County			Legal Entity	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	tract	County			Legal Entity	
Beaverhead Cou	unty H S				Beave	erhead		0006	
Is this contract share		ementary ar	nd high scho	ol?					
□ yes□ noAre you applying for	isolation state	us? □ Yes	□ No		-				
(If yes, please attach	explanation)	ı		mbursement	Student Nam	ie	School	Grade	e
rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ition of resider ces must be re sportation com	nce. In order to viewed and apprint the mittee, and the mittee.	o receive oproved by the	Student Nam	ie	School	Grade	e e
Check here only if incre District Trustees and the		portation Con	nmittee.	proved by the	Student Nam	ie	School	Grade	ē
Elem District Approval		no	itials		Student Nam	ie	School	Grade	e
	□ yes	□ no □ no			THIS CONTE	RACT IS FO	PR:		
Parent or Guardian N	Name: (Pleas	e Print)					□ 2nd Semester Onl	y Both Semesters	
Tom Goody Physical Address (st	reet address	only).			Pre-kinderga			Della Occasiona	
1 Trysloai 7 taaress (st	reet address	Orny).				,	(INDERGARTEN:	y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Le	HS 40 to nearest bu HS 13 ne-way only	is stop, if an	y (one way)	is contract. 9-12 Total	by this cont To or from Bi To or from Si Kindergarte To or from Bi To or from Si Deadlines PARENTS:	ract: us Stop chool n child ride us Stop chool Due to Scho	times per day, _ times per day, _ s <u>without</u> other scho times per day, _ times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week days per week	k k k
Regular Trans						IPFRINTFN	DENTS: Send origina	al to OPI by July 10, retain	n a
Spec. Ed. Trans					copy for your	files.	DEITTO: Ocha origina		·u
Room & Board						RE	IMBURSEMENT Rarict, county and OPI		
Correspondence									
Reg. Contingency						Reimbu	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20 10 142, 10071.		
insured driver will trace. In March and June, transported for the payment shall be traced to	s: nsport or provide to an sport the stude the District shall posts semester. be computed on the state of t	ransportation for ths. Mileage cor any the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-1	on for the distance reported	e District(s). nen school is in d on the contrac ne teacher or pr	session. The parent or guard t actually occurs. incipal of the school of the nu ing this contract.	lian assures that a licensed and mber of days the student(s) was	
Elementary School D			ard of Truste					Date	
High School District Beaverhead County	HS	Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information is true a	nd correct.			
Signature - Parent or	Guardian			-			Date		-

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, N	MT 59620-2501		Du	e to School	ol Clerk June 1			
Elementary District Respons	sible for Reimbursin	g the Contract			County		Legal Entity	
Wise River Elem					Beaverhead		0007	
High School or K-12 District	Responsible for Re	imbursing the Cont	ract		County		Legal Entity	
Is this contract shared be ☐ yes ☐ no	etween elementar	y and high school	ol?					
Are you applying for isol	ation status? □ Y	′es □ No		Stud	ent Name	School	Grade	
(If yes, please attach ex ISOLATION: Section 20-10	planation) 0-142 MCA provide	s for increased reir	mbursement	Siuu	ent Name	School	Grade	
rates for special circumstan increased rates, individual of trustees of the district, the concept Public Instruction. (10.7.116)	ces of isolation of re circumstances must ounty transportation	sidence. In order to be reviewed and an committee, and the	o receive oproved by the	Stud	ent Name	School	Grade	
Check here only if increased District Trustees and the Co	d payment due to iso	olation has been ap	proved by the	Stud	ent Name	School	Grade	
Elem District Approval		Initials		Stud	ent Name	School	Grade	
County Approval	yes □ no _			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Nam	ne: (Please Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters	
Elena Ventres Physical Address (street	address only):				kindergarten/Kinderg st Semester Only		y □ Both Semesters	
Distance from home to nearest school (one way) Elementary 6.1 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence					nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original ENTY SUPERINTEN for your files.	times per day, times per day, times per day, s without other scho times per day, times per day, times per day, tool Clerk June 1.	days per week da	
Reg. Contingency Spec. Ed. Contin.					Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
insured driver will transpr 2. In March and June, the D transported for the past s 3. The payment shall be co	t or provide transportat ort the students. Mileag bistrict shall pay the pan semester. mputed on the basis of	on for the student(s) to ge contracts are valid of ent the sum officially a the schedule establish	County, hereinaft of and from the school only when transportatic pproved in the applicated in Section 20-10-1	ter referred or bus stop on on for the distar tition upon certif 42, MCA, and t	to as the District(s). the days when school is in	t actually occurs. incipal of the school of the nui	lian assures that a licensed and mber of days the student(s) was	
Elementary School Distr Wise River Elem	ict Chair,	Board of Truste	es				Date	
High School District	Chair	Board of Truste				Date		
		I attes	t that the above i	information	is true and correct.			
Signature - Parent or Gua	rdian					Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620	-2501		Du	e to Schoo	l Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Wise River Elen	n					Beaverhead		0007
High School or K-12 D		ole for Reimbu	rsing the Conf	tract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attaction isoLation: Section	20-10-142, MCA	A, provides for						
rates for special circum increased rates, individual trustees of the district,	dual circumstand	ces must be re-	viewed and ap	oproved by the	Stude	ent Name	School	Grade
Public Instruction. (10.				c office of	Stude	ent Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the	Stude	ent ivame	School	Grade
Elem District Approval	•	□ no	tials 		Stude	ent Name	School	Grade
HS District Approval						CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Joan M. Trejo					Pre-k	indergarten/Kinder	garten	
Physical Address (s	treet address	only):			□ 1s	t Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
						ERGARTEN/PREM		ge students also covered
Distance from home Elementary 4	e to nearest so HS 0	chool (one wa	ay)		by th	is contract:		
Distance from home		io oton if on	(one way)		To or	from School	times per day,times per day,	days per week days per week ol-age students:
Elementary 0	HS 0	is stop, ii arij	(Offe way)		Kind To or	ergarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week days per week
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.		dlines: ENTS: Due to Scho	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				. 4
Pogular Trans	Total	Total	Total	Total	files.	KN3. Seriu originai	to County Supt by July	/ 1, retain a copy for your
Regular Trans							IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					сору	for your files.	UNADA IDOENIENIE DA	TE
Room & Board							IMBURSEMENT RA	
Correspondence						,	•	,
Reg. Contingency						Reimbi	ursement rate is determ	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
	L L							
Agreement betweer	n parent (parei	nt name)			, and	school district (distr	rict name)	,
(county name)				County, hereinaf	ter referred t	o as the District(s).		
	ansport or provide		the student(s) t	o and from the school	or bus stop on t	ne days when school is in		an assures that a licensed and
In March and June	, the District shall p					ce reported on the contraction by the teacher or properties.		nber of days the student(s) was
	be computed on the					e information accompany		
Elementary School Wise River Elem			ard of Truste					Date
High School District		Chair, Boa	ard of Truste	es				Date
		1	I attes	t that the above i	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620)-2501		Du	e to School Cle	rk June 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		Coun	ty	Legal Entity
Wise River Elen	n				Bea	verhead	0007
High School or K-12 D		ole for Reimbu	irsing the Con	tract	Coun		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?			
Are you applying for			□ No		Student Na	ame School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA) A, provides for	increased rein	mbursement	0.000	u	0.000
rates for special circum increased rates, individ					Student Na	ame School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incre	·	, i	•	oproved by the	Student Na	ame School	Grade
District Trustees and th		sportation Con		provou by the			
Elem District Approval		□ no			Student Na	ame School	Grade
HS District Approval County Approval	,	□ no □ no				ITRACT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- ☐ 1st Sen	12 nester Only □ 2nd Semester (Only Both Semesters
Jodi M. Kidd					Pre-kinder	garten/Kindergarten	
Physical Address (s	treet address	only):				nester Only 2nd Semester (Only Both Semesters
						ARTEN/PREKINDERGARTEN:	
Distance from home	e to nearest so	chool (one w	ay)		Kindergar by this co	rten child rides <u>with</u> other school ontract:	ol-age students also covered
Elementary 3.2	HS 0				To or from	Bus Stop times per da	y, days per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergar	School times per daren child rides without other so Bus Stop times per daren school times per daren school	hool-age students:
□ Contract is for o	ne-way only				To or from	School times per day	y, days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by th	is contract.	Deadlin	es:	
	Pre-K	K	1-8	9-12	PARENIS	Due to School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: files.	Send original to County Supt by	July 1, retain a copy for your
Regular Trans						CURERINTENDENTS. Cond orio	dinal to ODI by July 40, notain a
Spec. Ed. Trans					copy for yo	SUPERINTENDENTS: Send origon riles.	linal to OPI by July 10, retain a
Room & Board						REIMBURSEMENT	RATE
Correspondence						(For district, county and C	PI use only)
_ '							
Reg. Contingency						Reimbursement rate is det	
Spec. Ed. Contin.						20-10-142, MCA	l.
Agreement betweer	n parent (parei	nt name)			, and school	ol district (district name)	
(county name)		,			ter referred to as		
The parties agree as follow		transportation fo		-		s when school is in session. The parent or q	uardian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance repo	orted on the contract actually occurs. by the teacher or principal of the school of the	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the s	chedule establish	hed in Section 20-10-1	I42, MCA, and the infor	mation accompanying this contract.	,
	terminate at the er	nd of the school		student(s) is no longe	er enrolled in school, wh		Date
Wise River Elem		,					
High School District		Chair, Boa	ard of Truste	:cs			Date
			I attes	t that the above	information is true	e and correct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	e to School Clei	rk June 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		Count	ry	Legal Entity
Wise River Elen	n				Bea	verhead	0007
High School or K-12 D		ole for Reimbu	irsing the Con	tract	Count		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?			
Are you applying for			□ No		Student Na	ame School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	A, provides for	increased rein	mbursement			0.000
rates for special circun increased rates, individ					Student Na	ame School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	·	Ţ.	•	proved by the	Student Na	ame School	Grade
District Trustees and th		sportation Con		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Elem District Approval HS District Approval		□ no □ no			Student Na	ame School	Grade
County Approval	□ yes	□ no			THIS CON Grades 1-1	TRACT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)				nester Only 2nd Semester O	nly Both Semesters
Kari Lamey					Pre-kinder	garten/Kindergarten	
Physical Address (s	treet address	only):			□ 1st Sem	nester Only	nly Both Semesters
						ARTEN/PREKINDERGARTEN:	
Distance from home		hool (one w	ay)		by this co	ten child rides <u>with</u> other schoo ntract:	_
Elementary 3.2	•					Bus Stop times per day School times per day	, days per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kindergar	ten child rides without other scl Bus Stop times per day School times per day	nool-age students:
□ Contract is for o	ne-way only				To or from	School times per day	, days per weeк
Students in Each Grade Lo	evel - Only include	the students to	be covered by th	is contract.	<u>Deadline</u>	es: Due to School Clerk June 1.	
	Pre-K	K	1-8	9-12			
	Total	Total	Total	Total	CLERKS: files.	Send original to County Supt by J	uly 1, retain a copy for your
Regular Trans					COUNTY	SUPERINTENDENTS: Send origi	nal to OPI by July 10, retain a
Spec. Ed. Trans					copy for yo		narto or r by dary ro, retain a
Room & Board						REIMBURSEMENT	RATE
Correspondence						(For district, county and Ol	PI use only)
Reg.							
Contingency						Reimbursement rate is dete 20-10-142, MCA.	
Spec. Ed. Contin.						, ,	
Agreement betweer	n parent (parei	nt name)			, and school	ol district (district name)	,
(county name)				County, hereinaf	ter referred to as t	he District(s).	
	ansport or provide t					when school is in session. The parent or gu	ardian assures that a licensed and
	, the District shall p					rted on the contract actually occurs. y the teacher or principal of the school of the	number of days the student(s) was
The payment shall	be computed on th				42, MCA, and the informer enrolled in school, who	nation accompanying this contract. ichever occurs first.	
Elementary School Wise River Elem			ard of Truste				Date
High School District		Chair, Boa	ard of Truste	es			Date
			Lattee	t that the above	information is true	and correct	
Signature - Parent or	Guardian		i alles	t that the above	imormation is true	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to Schoo	l Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Wise River Elem	า					Beaverhead		0007	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Stude	ent Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and a	oproved by the	Stude	ent Name	School		Grade
trustees of the district, Public Instruction. (10.7)				e Office of	Otrada		Ochool		Ozzada
Check here only if incre District Trustees and th				proved by the	Stude	ent Name	School		Grade
Elem District Approval	□ yes	In □ no	itials		Stude	ent Name	School		Grade
HS District Approval County Approval		no no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian		e Print)				es 1-12 t Semester Only	☐ 2nd Semester Only	v □ Both Se	mesters
Karla Stradtman	1					indergarten/Kinder	•	,	
Physical Address (st	treet address	only):					garten ☐ 2nd Semester Only	y 🛛 Both Se	mesters
						ERGARTEN/PREM			
Distance from home	to nearest so	hool (one wa	ay)			ergarten child ride is contract:	es with other school-a	age students a	Iso covered
Elementary 8	HS 0				To or	from Bus Stop	times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu HS 0	is stop, if an	y (one way)		Kind	ergarten child ride	times per day, _ es <u>without</u> other scho times per day, times per day, _	ol-age studen	ts:
□ Contract is for or	ne-way only				To or	from School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.		dlines: ENTS: Due to Scho	ool Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE		to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and	school district (distr	rict name)		,
(county name) The parties agree as follow	/S:			County, hereinat	fter referred t	to as the District(s).			
The parent shall tra insured driver will tr	nsport or provide transport the studer	nts. Mileage cor	ntracts are valid of	only when transportati	ion for the distan	ce reported on the contract	session. The parent or guard ct actually occurs.		
transported for the	past semester.						rincipal of the school of the nur	mber of days the stu	dent(s) was
 This contract shall t 	terminate at the er	d of the school		student(s) is no longe		e information accompany ool, whichever occurs firs		Date	
Elementary School I Wise River Elem		,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information i	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to Schoo	l Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Wise River Elem	า					Beaverhead		0007	
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Stude	ent Name	School		Grade
(If yes, please attach	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and ap	oproved by the	Stude	ent Name	School		Grade
trustees of the district, Public Instruction. (10.7)				e Office of	Otrada		Ochool		Ozzada
Check here only if incre District Trustees and th				proved by the	Stude	ent Name	School		Grade
Elem District Approval	□ yes	□ no	itials		Stude	ent Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian		e Print)				es 1-12 t Semester Only	☐ 2nd Semester Onl	v □ Both Se	mesters
Kelly Schonsber	ra					·		,	
Physical Address (st		only):				indergarten/Kinder t Semester Only	□ 2nd Semester Only	y 🛛 Both Se	mesters
						ERGARTEN/PRE			
Distance from home	to nearest so	hool (one wa	ay)			ergarten child ride is contract:	es with other school-a	age students a	Iso covered
Elementary 5	HS 0				To or	from Bus Stop	times per day, _	day	s per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kind To or	ergarten child ride from Bus Stop	times per day, _es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week
□ Contract is for or	ne-way only				To or	from School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.		dlines: ENTS: Due to Scho	aal Clark Jupa 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE		to County Supt by Jul	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						NTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by Jul	/ 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and	school district (distr	rict name)		,
(county name) The parties agree as follow	ne.			County, hereinat	fter referred t	o as the District(s).			
The parent shall tra insured driver will tr	insport or provide transport the studer	nts. Mileage cor	tracts are valid	only when transportati	ion for the distan	ce reported on the contract	session. The parent or guard		
In March and June, transported for the	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the applica	ation upon certific	cation by the teacher or pr	rincipal of the school of the nu	mber of days the stu	dent(s) was
 This contract shall t 	terminate at the er	d of the school	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		Doto	
Elementary School I Wise River Elem		,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	l attes	t that the above	information i	s true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ıa, MT 59620	-2501				ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity	
Wise River Elem						Beaverhead		0007	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high schoo	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attach ISOLATION: Section 2	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ	ual circumstanc	es must be re	viewed and ap	proved by the	Stud	ent Name	School		Grade
trustees of the district, t Public Instruction. (10.7				е Опісе от	<u> </u>	and Name	Oaleaal		0
Check here only if incre District Trustees and th				proved by the	Stud	ent Name	School		Grade
Elem District Approval	-		tials		Stud	ent Name	School	1	Grade
HS District Approval County Approval	□ yes □	no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian				Grad	es 1-12 st Semester Only	 □ 2nd Semester On	ly □ Both Sen	nesters	
Penny & Scott R	Ruth					kindergarten/Kinderg		., = 20	
Physical Address (st		only):					☐ 2nd Semester On	ly □ Both Sen	nesters
					KINE	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home		hool (one wa	ay)		by th	nis contract:	es <u>with</u> other school-	_	
Elementary 8 HS 0					To o	r from Bus Stop r from School	times per day, times per day,	days days	per week per week
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$					Kind To o	ergarten child rider from Bus Stop	es <u>without</u> other scho times per day,	ool-age students days	s: per week
□ Contract is for or	ne-way only						times per day,	days	per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	s contract.	<u>Dea</u> PAR	idlines: ENTS: Due to Scho	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total			to County Supt by Ju	ly 1, retain a cop	y for your
Regular Trans						NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10 retain a
Spec. Ed. Trans						for your files.	DENTO: Gena ong	un to Of 1 by outy	ro, retain a
Room & Board							IMBURSEMENT R		
Correspondence						(For disti	rict, county and OP	i use only)	
Reg. Contingency						 Reimbu	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.	,	
Agreement between	parent (parer	nt name)			, and	school district (distr	rict name)		,
(county name)		,				to as the District(s).	,		
	nsport or provide t		the student(s) to	and from the school	l or bus stop on	the days when school is in	session. The parent or guar	dian assures that a lice	ensed and
	the District shall p					ce reported on the contrac cation by the teacher or pr	ct actually occurs. rincipal of the school of the nu	umber of days the stud	ent(s) was
 The payment shall t This contract shall t 	be computed on the erminate at the en	d of the school y	ear or when the	student(s) is no longe		ne information accompany nool, whichever occurs firs			
Elementary School I Wise River Elem	District	Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Wise River Elem	1					Beaverhead		0007
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for	isolation statu	us? □ Yes	□ No		Stud	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	A. provides for	increased rein	nbursement	Otac	ient ivanie	CCHOOL	Grade
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian I	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y Both Semesters
Sharlene Russe Physical Address (st		only):				kindergarten/Kinder st Semester Only		y Both Semesters
Distance from home Elementary 12.5 Distance from home Elementary 0 Contract is for or Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way) De covered by thi 1-8 Total	9-12 Total	Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original of for your files. RE RE RE RE RE RE RE RE RE R	times per day, times	days per week da
insured driver will tr 2. In March and June, transported for the payment shall l	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ing this contract.	iian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	I attest	that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for R	eimbursing the Contract		County		Legal Entity
Wise River Elem			Beaverhead		0007
High School or K-12 District Respons	ible for Reimbursing the Con	tract	County		Legal Entity
Is this contract shared between e □ yes □ no	elementary and high scho	ol?			
Are you applying for isolation sta			Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC	A, provides for increased rein				
rates for special circumstances of isolincreased rates, individual circumstar trustees of the district, the county trar Public Instruction. (10.7.116 ARM pro	ices must be reviewed and a asportation committee, and th	pproved by the	Student Name	School	Grade
Check here only if increased paymen District Trustees and the County Tran		oproved by the	Student Name	School	Grade
Elem District Approval ☐ yes HS District Approval ☐ yes	Initials no no no		Student Name	School	Grade
County Approval yes	no Drint\		THIS CONTRACT IS F Grades 1-12	<u>OR:</u>	
Parent or Guardian Name: (Pleas	se rillil)		☐ 1st Semester Only	□ 2nd Semester Or	nly Both Semesters
Shawna Page Physical Address (street address	s only):		Pre-kindergarten/Kinde ☐ 1st Semester Only	rgarten 2nd Semester Or	nly Both Semesters
Distance from home to nearest s Elementary 5.8 HS 0 Distance from home to nearest b Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way)	is contract. 9-12 Total	KINDERGARTEN/PRE Kindergarten child ric by this contract: To or from Bus Stop To or from School Kindergarten child ric To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sc CLERKS: Send origin files. COUNTY SUPERINTE copy for your files. R (For dis	times per day,	days per week days per week days per week ool-age students: days per week
insured driver will transport the stude In March and June, the District shall transported for the past semester. The payment shall be computed on	transportation for the student(s) tents. Mileage contracts are valid pay the parent the sum officially at the basis of the schedule establish	County, hereinaft of and from the school of conly when transportation approved in the application and in Section 20-10-14 student(s) is no longer	er referred to as the District (district sor bus stop on the days when school is in for the distance reported on the contribion upon certification by the teacher or 42, MCA, and the information accompare no school, whichever occurs fire). in session. The parent or gual act actually occurs. principal of the school of the n	
	Latton	t that the above is	nformation is true and correct		
Signature - Parent or Guardian	ı attes	t triat trie above II	mormation is true and correct	. Date	
g raioin oi Ouditalali					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School C	lerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cor	ınty	<u> </u>	Legal Entity
Wise River Eler	n				Ве	averhead		0007
High School or K-12 D		ole for Reimbu	rsing the Conf	tract		ınty		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attac			□ No		Student	Name	School	Grade
ISOLATION: Section rates for special circum	20-10-142, MCA	A, provides for						
increased rates, individe trustees of the district, Public Instruction. (10.)	dual circumstand the county trans	ces must be re- sportation com-	viewed and apmittee, and th	oproved by the	Student	Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student	Name	School	Grade
Elem District Approval	•		tials		Student	Name	School	Grade
HS District Approval					THIS CO	NTRACT IS FO	DR:	
Parent or Guardian					Grades '		<u></u>	/ □ Both Semesters
Skip Mathewson	n					•	ĺ	Both Comesters
Physical Address (s		only):				ergarten/Kinder emester Only	garten ☐ 2nd Semester Only	/ □ Both Semesters
							KINDERGARTEN:	
Distance from home Elementary 3.5	e to nearest so HS 0	hool (one wa	ay)		by this o	ontract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered days per week
Distance from home Elementary 0	e to nearest bu HS 0	ıs stop, if any	(one way)		To or fro Kinderg	m School arten child ride	times per day, _ es without other schoo	days per week ol-age students: days per week days per week days per week
□ Contract is for o	ne-way only				To or fro	m School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadli</u>		ool Clerk June 1.	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	files.	s: Send origina	I to County Supt by July	/ 1, retain a copy for your
Regular Trans					COUNT	SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans						your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(FOI GIST	rict, county and OFT	use offiy)
Reg. Contingency						Reimb	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n narent (nare	nt name)			and sch	ool district (dist	rict name)	
	r parent (paren	nt name)						, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow The parent shall tra		transportation for		County, hereinaf				an assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid of	only when transportation	on for the distance re	ported on the contra	ct actually occurs.	nber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the int	ormation accompany	ving this contract.	• •
Elementary School			ear or when the ird of Truste	estudent(s) is no longe es	er enrolled in school,	wnicnever occurs firs	il.	Date
Wise River Elem High School District	:	Chair, Boa	rd of Truste	es				Date
			l otto-	t that the chave	information is to	io and correct		
Signature - Parent or	Guardian		ı attes	t that the above i	mormation is tr	ue and correct.	Date	
•	-						İ	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Wise River Elen						Beaverhead		0007
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share	ed between el	ementary ar	id high schoo	ol?				
□ yes□ noAre you applying for	icolation state	ıs2 □ Vos	□ No					
(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	, provides for	increased reir		Stud	dent Name	School	Grade
rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.	lual circumstanc the county trans	es must be re portation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th		portation Con	mittee.	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	•	Ini □ no □ no	tials		Stud	dent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian		e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Veva & Sean La Physical Address (s		only):				-kindergarten/Kinderg	garten □ 2nd Semester On	lv □ Both Semesters
,		- ,,				DERGARTEN/PRE		lly Dour Semesters
Distance from home to nearest school (one way) Elementary 5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0					Kind by to To d Kind	dergarten child ride his contract: or from Bus Stop or from School dergarten child ride	times per day, times per day, times per day, s without other scho	days per week days per week days per week days per week dol-age students:
·					To o	or from Bus Stop or from School	times per day, times per day,	days per week
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	ne covered by thi	is contract.	De	adlines:		
	Pre-K	K	1-8	9-12	PAF	RENTS: Due to Scho	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files		to County Supt by Ju	lly 1, retain a copy for your
Regular Trans							IDENTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.		arto or ray only ro, rotalira
Room & Board							IMBURSEMENT R	
Correspondence						(1 01 0100	not, ocumy and or	. 465 61,
Reg. Contingency						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by
Spec. Ed. Contin.							20-10-142, IVIOA.	
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)	,
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred	I to as the District(s).		
 The parent shall tra insured driver will to 	insport or provide to ransport the studer	its. Mileage cor	tracts are valid of	only when transportation	on for the dista	nce reported on the contract	ct actually occurs.	dian assures that a licensed and
transported for the	past semester.		•		·		•	umber of days the student(s) was
 This contract shall 	terminate at the en	d of the school y	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs firs		Data
Elementary School Wise River Elem		,	ard of Truste					Date
High School District		Chair, Boa	air, Board of Trustees Date					Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501				2005- 2006 Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Cont	ract		County		Legal Entity
Lima K-12 Scho	ools					Beaverhead		0009
Is this contract shar ☐ yes ☐ no		lementary an	d high school	ol?				
Are you applying fo	r isolation stat	us? □ Yes	□ No		Stude	nt Name	School	Grade
(If yes, please attaction: Section	h explanation) A, provides for	increased reir	nbursement	Stude	ili ivailie	School	Grade
rates for special circur increased rates, individual trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Stude	nt Name	School	Grade
Check here only if incr District Trustees and to	eased payment	due to isolation	n has been ap	proved by the	Stude	nt Name	School	Grade
Elem District Approval		□ no	tials		Stude	nt Name	School	Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	e Print)				es 1-12 Semester Only	□ 2nd Semester Only	y Both Semesters	
Corinna Greens Physical Address (s	only):				indergarten/Kinder t Semester Only	garten	y □ Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	HS 5.5 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	s contract. 9-12 Total	Kinde by th To or To or Kinde To or To or Dead PARE files. COUI	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Scho EKS: Send original ENTY SUPERINTEN for your files. RE (For dist	times per day, times per day, times per day, times per day, es without other schoo times per day,	days per week da
Spec. Ed. Contin.						Keimo	20-10-142, MCA.	Timed by
insured driver will to 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude the District shall the past semester. be computed on the	transportation for nts. Mileage con pay the parent the	the student(s) to tracts are valid of sum officially a	o and from the school only when transportation pproved in the applicated in Section 20-10-1	ter referred to the stop on the distance of the distance of the distance of the stop of th	e reported on the contract	session. The parent or guard ct actually occurs. rincipal of the school of the nur	iian assures that a licensed and mber of days the student(s) was
Elementary School			rd of Truste					Date
High School District Lima K-12 Schools	i	Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501			School Year le to School	2005- 2006 Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract		(County	<u>'</u>	Legal Entity	
High School or K-12 D	istrict Responsit	le for Reimbur	sing the Cont	ract	(County		Legal Entity	
Lima K-12 Scho	ols				E	Beaverhead		0009	
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?					
Are you applying for (If yes, please attac ISOLATION: Section	h explanation)			ahura amant	Studer	nt Name	School	Grade	
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of resident es must be revenues to the comment of the comment	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Studer	nt Name	School	Grade	
Check here only if incr District Trustees and the		portation Com	mittee.	proved by the	Studer	nt Name	School	Grade	
	Elem District Approval yes no HS District Approval no						School	Grade	
County Approval	□ yes	no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	e Print)				Semester Only	□ 2nd Semester On	ly Both Semesters		
Shane Kluesner Physical Address (s	only):				ndergarten/Kinder				
Physical Address (s	oriiy).			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Distance from home Elementary 0 Distance from home Elementary 0	HS 0 e to nearest bu HS 0	·			Kinde by this To or f To or f Kinde To or f	rgarten child ride s contract: from Bus Stop from School rgarten child ride from Bus Stop	times per day, times per day, es <u>without</u> other scho times per day,	days per week days per week days per week col-age students: days per week days per week days per week	
☐ Contract is for o Students in Each Grade Lo	, ,	the students to be	a covered by thi	s contract		llines:			
Students in Lacif Grade Li				T		NTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER files.	KS: Send origina	I to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans Spec. Ed. Trans						TY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a	
Room & Board						•	EIMBURSEMENT R	ATF	
Correspondence							rict, county and OPI		
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement betweer	n parent (parei	nt name)			, and s	chool district (dist	rict name)	,	
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide t ransport the studer , the District shall p past semester. be computed on the	nts. Mileage cont yay the parent the ne basis of the scl	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on the on for the distance ation upon certifica	reported on the contra	session. The parent or guard t actually occurs. rincipal of the school of the nu- ring this contract.	dian assures that a licensed and umber of days the student(s) was	
Elementary School	District	Chair, Boa	rd of Truste	es				Date	
High School District Lima K-12 Schools		Chair, Boa	rd of Truste	es				Date	
			I attes	that the above	information is	true and correct.			
Signature - Parent or	Guardian				<u></u>		Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2005- 2006 ue to School Clerk June 1				
Elementary District Res	ponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 Dis	strict Responsit	ble for Reimbu	rsing the Conf	ract	County		Legal Entity		
Lima K-12 School	ols				Beaverhead		0009		
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade		
rates for special circum increased rates, individual trustees of the district, t	stances of isola ual circumstand he county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10.7 Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval	-		tials		Student Name	School	Grade		
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:			
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Shane Kluesner Physical Address (st	reet address	only).			Pre-kindergarten/Kinde		✓ Doth Competers		
,		oy/.			 1st Semester Only KINDERGARTEN/PRE 		y □ Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 35 to nearest bu HS 0	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,es without other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week		
☐ Contract is for on Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.	Deadlines:				
	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	nool Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send origina files.	al to County Supt by July	/ 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Room & Board					copy for your files.	EIMBURSEMENT RA	ATF.		
Correspondence						trict, county and OPI			
Reg. Contingency					Reimb	oursement rate is determ	nined by		
Spec. Ed. Contin.						20-10-142, MCA.			
Agreement between	parent (parei	nt name)			, and school district (dis	,	,		
insured driver will tra 2. In March and June, transported for the p	nsport or provide to ansport the studer the District shall poast semester.	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a	o and from the school only when transportati pproved in the applica	fter referred to as the District(s) or bus stop on the days when school is it on for the distance reported on the contra ation upon certification by the teacher or particularly. MCA, and the information accompan	n session. The parent or guard act actually occurs. orincipal of the school of the nur			
	erminate at the er	nd of the school y		student(s) is no longe	er enrolled in school, whichever occurs fir		Date		
High School District Lima K-12 Schools		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620)-2501			ue to School Cl			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cou	nty		Legal Entity
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract	Cou	nty		Legal Entity
Lima K-12 Scho	ools				Ве	averhead		0009
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attaction: ISOLATION: Section	h explanation) 20-10-142, MCA) A, provides for	□ No	mbursement	Student N	Name	School	Grade
rates for special circun increased rates, individ trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and apmittee, and th	pproved by the	Student N		School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	oproved by the	Student N	Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	tials		Student N	Name	School	Grade
County Approval	□ yes	□ no			THIS CO Grades 1	NTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)				mester Only	□ 2nd Semester Onl	ly Both Semesters
Vila Krug		1.				ergarten/Kinder		
Physical Address (s	treet address	only):			☐ 1st Se	mester Only	□ 2nd Semester Onl	ly Doth Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 18	•			Kinderga by this c To or fror To or fror Kinderga To or fror	arten child ride ontract: n Bus Stop n School arten child ride n Bus Stop	times per day,times per day,times per day,tes without other schotimes per day,	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for o	, ,							uajo po:oo.:
Students in Each Grade L					<u>Deadlir</u> PARENT		ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS files.	: Send origina	I to County Supt by Jul	ly 1, retain a copy for your
Regular Trans							NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for y			
Room & Board Correspondence							EIMBURSEMENT RA trict, county and OPI	
Reg. Contingency						Reimb	ursement rate is deterr	 mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n parent (pare	nt name)			, and scho	ool district (dist	rict name)	
insured driver will t 2. In March and June	ansport or provide ransport the stude , the District shall p	nts. Mileage con	the student(s) t	o and from the schoo	tion for the distance rep	ys when school is in ported on the contra	n session. The parent or guard ct actually occurs.	dian assures that a licensed and umber of days the student(s) was
	be computed on the				142, MCA, and the info er enrolled in school, v			
Elementary School			ard of Truste		,	onever occurs III:		Date
High School District Lima K-12 Schools	High School District Chair, Board of Trustees Lima K-12 Schools							Date
			I attes	t that the above	information is tru	e and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2005- 200 e to School Clerk Jun					
Elementary District Re	sponsible for R	eimbursing the	Contract		County	<u> </u>	Legal Entity			
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity			
Lima K-12 Scho	ools				Beaverhe	ead	0009			
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?						
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade			
ISOLATION: Section rates for special circun increased rates, individuantees of the district, Public Instruction. (10.	nstances of isological circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and application.	o receive oproved by the	Student Name	School	Grade			
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade			
Elem District Approval		□ no	itials		Student Name	School	Grade			
	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian	Name: (Pleas	se Print)				Only 2nd Semester Onl	y Both Semesters			
William Clarno Physical Address (s	treet address	ouly).			Pre-kindergarten/		= B # 0			
1 Hysical Address (s	arcet address	Orny).			□ 1st Semester Only □ 2nd Semester Only □ Both Semesters KINDERGARTEN/PREKINDERGARTEN:					
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade Leaders	HS 11 e to nearest be HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Si To or from School Kindergarten ch To or from Bus Si To or from School Deadlines: PARENTS: Due	ild rides with other school-composition times per day, and times per day, and times per day, and times per day, and times per day, and times per day, and times per day, and to School Clerk June 1. I woriginal to County Supt by Jules.	days per week days per week days per week days per week days per week days per week			
Regular Trans					files.					
Spec. Ed. Trans					county super copy for your files	RINTENDENTS: Send origina s.	al to OPI by July 10, retain a			
Room & Board					(F	REIMBURSEMENT R. or district, county and OPI				
Correspondence						,	,,			
Reg. Contingency						Reimbursement rate is determ 20-10-142, MCA.	nined by			
Spec. Ed. Contin.										
A					and a decad distant					
Agreement betweer (county name)	n parent (pare	nt name)		County hereinaf	, and school distri ter referred to as the Dis	ct (district name)trict(s)	······································			
The parties agree as follow 1. The parent shall trainsured driver will to a linear transported for the transported for the same transported for the same transported for the payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on t	ents. Mileage cor pay the parent th he basis of the so	r the student(s) to htracts are valid of e sum officially a	o and from the school only when transportation on the application of the application of the section 20-10-1	or bus stop on the days when so on for the distance reported on the	chool is in session. The parent or guard ne contract actually occurs. cher or principal of the school of the nu				
Elementary School			ard of Truste				Date			
High School District Lima K-12 Schools		Chair, Boa	ard of Truste	es			Date			
			I attes	t that the above i	information is true and co	orrect.				
Signature - Parent or	Guardian					Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			Legal Entity		
Wisdom Elem						Beaverhead		0010
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?				
Are you applying for			□ No		Stu	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	. provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7	stances of isola ual circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval	□ yes □		itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian N	lame: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Aurora Avila Physical Address (str	reet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
Distance from home Elementary 10 Distance from home Elementary 0 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 e-way only rel - Only include Pre-K Total	s stop, if any	y (one way) De covered by thi 1-8 Total	9-12 Total	Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files. REINTS:	times per day,times per day,	days per week da
insured driver will tra In March and June, 1 transported for the The payment shall be This contract shall te Elementary School D	s: isport or provide t insport the studer the District shall p ast semester. e computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinafor and from the school only when transportation or the application of the	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
Wisdom Elem High School District		Chair, Boa	ard of Trustee	es				Date
			1.00			in two and a		
Signature - Parent or 0	Suardian		I attest	tnat the above i	information	is true and correct.	Date	
Signature - Parent Of C	oudi Widii						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Dι	ue to School	Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Wisdom Elem						Beaverhead		0010
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	•			
Are you applying for			□ No		Stude	nt Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement]		3033.	0.000
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ition of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Stude	nt Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade
Elem District Approval HS District Approval	□ yes	In □ no	itials		Stude	nt Name	School	Grade
		□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 Semester Only	□ 2nd Semester Onl	y Both Semesters
Courtney A. Saa	arela				Pre-ki	ndergarten/Kinder	garten	
Physical Address (s	reet address	only):						y Both Semesters
Distance from home Elementary 0 Contract is for or	Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency						times per day, times per day,	days per week days per week days per week days per week days per week days per week days per week days per week days per week days per week days per week days per week
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide t ansport the studer the District shall p past semester. be computed on th erminate at the en	rransportation for this. Mileage cor you the parent the the basis of the sy do of the school	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinal or and from the school only when transportati proved in the applicated in Section 20-10-student(s) is no long.	fter referred to of or bus stop on the dion for the distance action upon certification.	e reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nu	dian assures that a licensed and imber of days the student(s) was
Wisdom Elem	Jialliul	,						
High School District		Chair, Boa	ard of Truste	es 				Date
			I attes	that the above	information is	true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620)-2501		Du	e to School Cle	rk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Coun	ty	Legal Entity	
Wisdom Elem					Bea	verhead	0010	
High School or K-12 D	istrict Responsit	ole for Reimbu	irsing the Con	tract	Coun		Legal Entity	
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?				
Are you applying for			□ No		Student Na	ame School	Grade	
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for						
rates for special circun increased rates, individ	dual circumstand	ces must be re	viewed and a	pproved by the	Student Na	ame School	Grade	
trustees of the district, Public Instruction. (10.				e Office of				
Check here only if incr	eased payment	due to isolation	n has been ar	oproved by the	Student Na	ame School	Grade	
District Trustees and the		sportation Con		,				
Elem District Approval HS District Approval		□ no □ no			Student Na	ame School	Grade	
County Approval	□ yes	□ no			THIS CON Grades 1-	ITRACT IS FOR:		
Parent or Guardian	Name: (Pleas	e Print)				nester Only 2nd Semester	Only Both Semesters	
Darrell Weaver					Pre-kinder	garten/Kindergarten		
Physical Address (s	treet address	only):				nester Only 2nd Semester	Only Both Semesters	
						ARTEN/PREKINDERGARTEN:		
Distance from home		chool (one w	ay)		Kindergar by this co	ten child rides <u>with</u> other scho ntract:	ol-age students also covered	
Elementary 7	HS 0				To or from	Bus Stop times per da School times per da	y, days per week	
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if an	y (one way)		Kindergar	ten child rides without other some Bus Stop times per day School times per day some bus between the some bus bus bus bus bus bus bus bus bus bus	chool-age students:	
□ Contract is for o	ne-way only				To or from	School times per da	y, days per week	
Students in Each Grade Lo	evel - Only include	the students to	be covered by th	is contract.	Deadling	es: Due to School Clerk June 1.		
	Pre-K	_K	1-8	9-12				
	Total	Total	Total	Total	CLERKS: files.	Send original to County Supt by	July 1, retain a copy for your	
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 1			
Spec. Ed. Trans					copy for yo		gillal to Of 1 by July 10, retail a	
Room & Board						REIMBURSEMENT	RATE	
Correspondence						(For district, county and C	OPI use only)	
Reg.								
Contingency						Reimbursement rate is de 20-10-142, MC/		
Spec. Ed. Contin.						20 10 142, 11107	ι.	
Agreement betweer	n parent (pare	nt name)			, and school	ol district (district name)	,	
(county name)				County, hereinaf	ter referred to as	the District(s).		
The parties agree as follow		transportation fo		-		s when school is in session. The parent or c	juardian assures that a licensed and	
insured driver will t 2. In March and June	ransport the stude , the District shall p	nts. Mileage cor	ntracts are valid o	only when transportation	on for the distance repo	orted on the contract actually occurs. by the teacher or principal of the school of the		
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the s	chedule establish	hed in Section 20-10-1	I42, MCA, and the infor	mation accompanying this contract.	• • • • •	
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in school, wh	nichever occurs first.	Date	
Wisdom Elem High School District		Chair Bo	ard of Truste	100			Date	
r light ochool bistlict	·	Oriali, Du	ara or riuste				Date	
			I attes	t that the above	information is true	e and correct.		
Signature - Parent or	Guardian					Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	ie to School C	lerk June 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		Со	unty	Legal Entity
Wisdom Elem					Ве	eaverhead	0010
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract		unty	Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?			
Are you applying for			□ No		Student	Name School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for					
rates for special circun increased rates, individ	dual circumstand	es must be re	viewed and ap	proved by the	Student	Name School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	eased payment	due to isolatio	n has been ap	proved by the	Student	Name School	Grade
District Trustees and the		portation Con		,			
Elem District Approval HS District Approval		□ no □ no			Student	Name School	Grade
County Approval	□ yes	no			THIS CO	NTRACT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)				emester Only	r Only Both Semesters
Dennis Kirkpatri						ergarten/Kindergarten	
Physical Address (s	treet address	only):			☐ 1st S	emester Only	r Only Both Semesters
						GARTEN/PREKINDERGARTEN	
Distance from home		hool (one w	ay)		by this	arten child rides <u>with</u> other sch contract:	_
Elementary 23	HS 0				To or fro To or fro	m Bus Stop times per of m School times per of	lay, days per week lav. days per week
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinderg	arten child rides <u>without</u> other m Bus Stop times per com School times per company.	school-age students:
□ Contract is for o	ne-way only				I o or fro	m School times per c	lay, days per week
Students in Each Grade Lo	evel - Only include	the students to	be covered by thi	is contract.	Deadli	nes: TS: Due to School Clerk June 1.	
	Pre-K	_K	1-8	9-12			
	Total	Total	Total	Total	CLERKS files.	S: Send original to County Supt b	y July 1, retain a copy for your
Regular Trans					COUNT	riginal to OPI by July 10, retain a	
Spec. Ed. Trans						your files.	iginal to Of 1 by duly 10, retain a
Room & Board						REIMBURSEMEN	T RATE
Correspondence						(For district, county and	OPI use only)
Reg.							
Contingency						Reimbursement rate is d 20-10-142, MO	
Spec. Ed. Contin.						,	
Agreement betweer	n parent (parei	nt name)			, and sch	nool district (district name)	,
(county name)			(County, hereinaf	fter referred to a	s the District(s).	
	ansport or provide t					ays when school is in session. The parent o	guardian assures that a licensed and
	, the District shall p					eported on the contract actually occurs. n by the teacher or principal of the school of	the number of days the student(s) was
The payment shall	be computed on th					formation accompanying this contract. whichever occurs first.	
Elementary School Wisdom Elem			ard of Truste				Date
High School District		Chair, Boa	ard of Truste	es			Date
			Latter	t that the above	information is to	ue and correct	
Signature - Parent or	Guardian		i alles	t triat trie above	iiiioiiiialioii i5 li	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary Diseast Responsible for Reimbursing the Contract Wisdom Elem High School or K-12 Desirch Responsible for Reimbursing the Contract Its Phis contract Shared between elementary and high school? Its Phis contract Shared between elementary and high school? Any on applying for liciation datas?	Helena, MT		Di	ue to School Clerk June 1		
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation) SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rates) SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rates) strained and the contract of the county increased parentum for the cortex of th	Elementary District Responsible	for Reimbursing the Co	ntract	County	Legal Entity	
Is this contract shared between elementary and high school? yes □ no Are you applying for isolation slatus? □ Yes □ No (if yes, please attach explanation) SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rates) SBUATION: Scora 26-164.2 (McA, provides for increased reimbursement increased rates) strained and the contract of the county increased parentum for the cortex of th	Wisdom Flem			Reaverhead		0010
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Agreement between parent (parent name) Correspondence Reg. County, hereinafter referred to as the District, county and OPI use only) Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District, county and OPI use only) Agreement between parent (parent name) County, hereinafter referred to as the District, county name) County, hereinafter referred to as the District, county and OPI use only) Regidar Trans County name) County, hereinafter referred to as the District, of the parent of caps the subreach the sur of the parent double only only or or of the subretic) and only or or of the subretic) and the sur of the subretic) and the county or the sure of the subretic) and the county of the sure of the sur		sponsible for Reimbursir	ng the Contract			
Agreement between parent (parent name) Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Agreement between parent (parent name) Correspondence Reg. County, hereinafter referred to as the District, county and OPI use only) Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District, county and OPI use only) Agreement between parent (parent name) County, hereinafter referred to as the District, county name) County, hereinafter referred to as the District, county and OPI use only) Regidar Trans County name) County, hereinafter referred to as the District, of the parent of caps the subreach the sur of the parent double only only or or of the subretic) and only or or of the subretic) and the sur of the subretic) and the county or the sure of the subretic) and the county of the sure of the sur						
Solution Solution		een elementary and I	nigh school?			
Student Name	Are you applying for isolatio	n status? □ Yes	□ No	Student Name	School	Grade
Student Name School Grade Student Name School Grade	(If yes, please attach explant ISOLATION: Section 20-10-14:	ation) 2. MCA. provides for inc	reased reimbursement	Olddeni Name	CONOCI	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no no no no no no n	rates for special circumstances increased rates, individual circul trustees of the district, the count	of isolation of residence mstances must be revie by transportation commit	In order to receive wed and approved by the tee, and the Office of	Student Name	School	Grade
Students Name	Check here only if increased pa	yment due to isolation h	as been approved by the	Student Name	School	Grade
Parent or Guardian Name: (Please Print)	HS District Approval ☐ yes	□ no	S 			Grade
Joie Wetzsteon					FOR:	
Physical Address (street address only): Statement of the province of the students of the st	Parent or Guardian Name: (Please Print)		☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
Distance from home to nearest school (one way) Elementary 20 HS 0 HS 0 HS 0 Distance from home to nearest school (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level-Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Total For a Total Total Total Correspondence Reg. Contract Reg. Contingency Spec. Ed. Contin. Regular Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name		dress only):				y Both Semesters
(county name)	Distance from home to near Elementary 0 HS 0 Contract is for one-way of Students in Each Grade Level - Only Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	est bus stop, if any (confly) include the students to be confly	one way) overed by this contract. 1-8 9-12	Kindergarten child ri by this contract: To or from Bus Stop_ To or from School	times per day, times per day, times per day, times per day, des without other schotimes per day, times per day, times per day, times per day, times per day, denoted Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1. The chool Clerk June 1.	days per week days per week ol-age students: days per week days per week days per week days per week y 1, retain a copy for your al to OPI by July 10, retain a
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transport or prinsured driver will transport the 2. In March and June, the District transported for the past seme 3. The payment shall be comput 4. This contract shall terminate at Elementary School District	provide transportation for the e students. Mileage contract t shall pay the parent the su state on the basis of the sched to on the basis of the sched	County, hereinal student(s) to and from the school ts are valid only when transportation officially approved in the applicative established in Section 20-10-or when the student(s) is no long.	fter referred to as the District(I or bus stop on the days when school is ion for the distance reported on the con ation upon certification by the teacher of 142, MCA, and the information accomp	s). s in session. The parent or guard tract actually occurs. r principal of the school of the nur	dian assures that a licensed and mber of days the student(s) was
		Chair, Board	of Trustees			Date
			I attest that the above	information is true and correct	<u> </u>	
	Signature - Parent or Guardia	n				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	ue to School	Clerk June 1			
Elementary District Res	ponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity	
Wisdom Elem						Beaverhead		0010	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?	<u></u>				
Are you applying for			□ No		Stude	nt Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation)	A, provides for	increased rein	nbursement		nt rame	Concor	Grade	
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Stude	nt Name	School	Grade	
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade	
District Trustees and the Elem District Approval	-		itials		Stude	nt Name	School	Grade	
HS District Approval County Approval		□ no □ no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian N					Grade	s 1-12 Semester Only	 □ 2nd Semester Onl	y □ Both Semesters	
Kari Towery						·		y Both Comesters	
Physical Address (st	reet address	only):				ndergarten/Kinder Semester Only		y Both Semesters	
					KIND	ERGARTEN/PRE	(INDERGARTEN:		
Distance from home Elementary 5	to nearest so HS 0	hool (one w	ay)		Kinde by thi	rgarten child ride s contract:	s <u>with</u> other school-a	age students also covered days per week days per week	
Distance from home Elementary 0	to nearest bu HS 0	ıs stop, if an	y (one way)		Kinde To or	rgarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week	
□ Contract is for on	e-way only				10 or	from School	times per day, _	days per week	
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	s contract.		dlines:	aal Clark luna 4		
	Pre-K	K	1-8	9-12		NTS: Due to Sch			
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 1				
Spec. Ed. Trans						or your files.	DENTS. Send ongina	ii to OFI by July 10, letaill a	
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	parent (parei	nt name)			, and s	school district (dist	ict name)		
(county name)				County horoinal	ftor referred to	as the District(s).			
The parties agree as follows		transportation for		•		` '	session. The parent or quare	lian assures that a licensed and	
insured driver will tra	ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	ion for the distanc	e reported on the contract	et actually occurs.	mber of days the student(s) was	
transported for the p	ast semester.		•		•	e information accompany	•	mber of days the student(s) was	
 This contract shall to 	erminate at the er	nd of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in scho	ol, whichever occurs firs	t.	Data	
Elementary School E Wisdom Elem	nautol	,						Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	that the above	information is	true and correct.			
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620	-2501		Du	e to Schoo	l Clerk June 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity	
Wisdom Elem						Beaverhead		0010	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Conf	tract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?					
Are you applying for			□ No		Stude	ent Name	School	Grade	
(If yes, please attack ISOLATION: Section 2)	20-10-142, MCA	A, provides for			01.00		00.100.	5.445	
rates for special circum increased rates, individ	dual circumstand	es must be re	viewed and ap	oproved by the	Stude	ent Name	School	Grade	
trustees of the district, Public Instruction. (10.				e Office of					
Check here only if incre District Trustees and the				proved by the	Stude	ent Name	School	Grade	
Elem District Approval	•		tials		Stude	ent Name	School	Grade	
HS District Approval County Approval	□ yes □	□ no			THIS	CONTRACT IS FO	DR-		
Parent or Guardian					Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Kevin & Elisa Ri	ichen					·	•	/ Both Semesters	
Physical Address (s		only):				indergarten/Kinder t Semester Only		/ □ Both Semesters	
					KIND	ERGARTEN/PRE	(INDERGARTEN:		
Distance from home	to nearest so	hool (one wa	av)		Kind			ge students also covered	
Elementary 10	HS 0	(0110	-57		To or	from Bus Stop	times per day, _	days per week	
Distance from home Elementary 0	to nearest bu	ıs stop, if any	y (one way)		Kind	ergarten child ride	s without other scho	days per week ol-age students: days per week	
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week	
Students in Each Grade Le	, ,	the students to b	e covered by th	is contract.		dlines:			
	Pre-K	K	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLEI files.	RKS: Send original	to County Supt by July	/ 1, retain a copy for your	
Regular Trans						NTV CUDEDINTEN	IDENTS. Sand origina	I to ORI by July 10, rotain a	
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain copy for your files.				
Room & Board							EIMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	n parent (parei	nt name)			, and	school district (distr	rict name)	,,	
(county name) The parties agree as follow	ws.			County, hereinaf	ter referred	to as the District(s).			
The parent shall tra insured driver will to	ansport or provide transport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distan	ce reported on the contract	ct actually occurs.	an assures that a licensed and	
In March and June, transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applica	ation upon certifi	cation by the teacher or pr	rincipal of the school of the nur	nber of days the student(s) was	
 This contract shall 	terminate at the er	d of the school y	ear or when the	student(s) is no longe		e information accompany ool, whichever occurs firs		I Date	
Elementary School Wisdom Elem		Chair, Boa	ard of Truste	es				Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above i	information i	s true and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			Legal Entity		
Wisdom Elem						Beaverhead		0010
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for	isolation statu	us? □ Yes	□ No		Stu	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	. provides for	increased rein	nbursement	Otac	ient ivanie	GCHOOL	Grade
rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstanc he county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade
	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>	
Parent or Guardian N	Name: (Please	e Print)				st Semester Only	☐ 2nd Semester Onl	y Both Semesters
Margaret Perry Physical Address (st	reet address	only):				kindergarten/Kinderg st Semester Only		y □ Both Semesters
Distance from home Elementary 14 Distance from home Elementary 0 Contract is for on Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only vel - Only include Pre-K Total	s stop, if an	y (one way) De covered by this Total	9-12 Total	KIN Kink by the Took Kink Took Took Took Took Took Took Took To	DERGARTEN/PREP dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho RKS: Send original or for your files. REINTENTENTENTENTENTENTENTENTENTENTENTENTEN	times per day,times p	days per week days per week ol-age students: days per week days per week ol-age students: days per week days per week days per week days per week
insured driver will trace. 2. In March and June, transported for the payment shall be a second to	s: nsport or provide t ansport the studer the District shall asst semester. be computed on th erminate at the en	ransportation fo its. Mileage cor ay the parent th e basis of the s d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaft o and from the school nly when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	to as the District(s). the days when school is in	et actually occurs. rincipal of the school of the nu	dian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	Lattest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		ı allest	uiat tile above i	momation	is true and correct.	Date	
g								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620)-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Wisdom Elem						Beaverhead		0010
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity
Is this contract share □ yes □ no	ed between e	lementary an	d high scho	ol?				
Are you applying for			□ No		Stu	dent Name	School	Grade
(If yes, please attack ISOLATION: Section 2)	n explanation) 20-10-142, MC/	A, provides for	increased reir	mbursement		30.11.13.11.0	06.1.00.	0.000
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.	lual circumstand the county trans	ces must be re- sportation com	viewed and apmittee, and th	oproved by the	Stu	dent Name	School	Grade
,	·	, and the second	•	annound by the	Stu	dent Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	pproved by the				
Elem District Approval		□ no	tials		Stu	dent Name	School	Grade
HS District Approval County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Mariah Smedley					Pre	-kindergarten/Kinder	narten	
Physical Address (s	treet address	only):					2nd Semester Only	/ □ Both Semesters
					KIN	DERGARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 8	to nearest so HS 0	chool (one wa	ay)		by 1	this contract: or from Bus Stop	times per day, _	ge students also covered days per week
Distance from home Elementary 0	to nearest bu	us stop, if any	(one way)		To o Kin To o	or from School dergarten child ride or from Bus Stop	times per day, _ es <u>without</u> other schoo times per day, _	days per week ol-age students: days per week
□ Contract is for or	ne-way only				100	or from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	<u>De</u>	adlines: RENTS: Due to Sch	ool Clerk June 1	
	Pre-K	K	1-8	9-12 Tatal				
	Total	Total	Total	Total	files	•	i to County Supt by July	/ 1, retain a copy for your
Regular Trans							IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					сор	y for your files.		
Room & Board							EIMBURSEMENT RA	
Correspondence						(1 01 0101	not, county and or r	doc crity)
Reg. Contingency						 Reimb	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
A						dbl di-t-i-t /-li-t	sist as and a	
Agreement between	i parent (pare	nt name)				d school district (dist		, , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow				•		I to as the District(s)		
insured driver will to	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the dista	ince reported on the contra	ct actually occurs.	ian assures that a licensed and
transported for the	past semester.		•			the information accompany	·	nber of days the student(s) was
	terminate at the er	nd of the school y		student(s) is no longe		chool, whichever occurs first		Date
Wisdom Elem		,						
High School District	High School District Chair, Board of Trustees							Date
			l attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for R	Reimbursing the Contract		County		Legal Entity				
Wisdom Elem			Beaverhead		0010				
High School or K-12 District Respons	ible for Reimbursing the Cont	ract	County		Legal Entity				
Is this contract shared between € □ yes □ no	elementary and high school	ol?							
Are you applying for isolation sta			Student Name	School	Grade				
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC	A, provides for increased reir								
rates for special circumstances of iso increased rates, individual circumstar trustees of the district, the county trar Public Instruction. (10.7.116 ARM pro	nces must be reviewed and ap resportation committee, and the	proved by the	Student Name	School	Grade				
Check here only if increased paymen District Trustees and the County Tran	t due to isolation has been ap	proved by the	Student Name	School	Grade				
Elem District Approval	Initials no no		Student Name	School	Grade				
County Approval yes	no		THIS CONTRACT IS FOR: Grades 1-12	<u>.</u>					
Parent or Guardian Name: (Plea	se Print)		☐ 1st Semester Only ☐	2nd Semester Only	☐ Both Semesters				
Mikal Reese Physical Address (street address	s only):		Pre-kindergarten/Kindergar 1st Semester Only	ten 2nd Semester Only	□ Both Semesters				
Distance from home to nearest s Elementary 8 HS 0 Distance from home to nearest b Elementary 3.5 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	ous stop, if any (one way)	s contract. 9-12 Total	KINDERGARTEN/PREKIN Kindergarten child rides y by this contract: To or from Bus Stop To or from School Kindergarten child rides y To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original to files. COUNTY SUPERINTENDE copy for your files. REIM (For district	with other school-age times per day, times per day, times per day, times per day, times per day, times per day, times per day, Clerk June 1.	days per week days per week days per week days per week days per week days per week days per week days per week days per week T, retain a copy for your to OPI by July 10, retain a				
(county name) The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the stud. 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on	The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date								
	I attes	t that the above inform	nation is true and correct.						
Signature - Parent or Guardian	. 31100			Pate					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Du	e to Scho	ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity	_
Wisdom Elem						Beaverhead		0010	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	_
Is this contract share □ yes □ no	ed between el	ementary ar	nd high schoo	ol?					=
Are you applying for	isolation state	us? □ Yes	□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otac	ient ivanie	Ochool	Grade	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	lent Name	School	Grade	
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes		itials		Stud	lent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y Both Semesters	
Patti Bacon Physical Address (st	treet address	only):				kindergarten/Kinder st Semester Only		y □ Both Semesters	
					KIN	DERGARTEN/PREI	(INDERGARTEN:		
Distance from home Elementary 14	to nearest so	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	age students also covered days per week days per week	Í
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$						dergarten child ride	es without other scho	days per week days per week days per week days per week	
□ Contract is for or	ne-way only				100	or from School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark luna 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send origina		y 1, retain a copy for your	
Regular Trans					files				
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	IDENTS: Send origina	al to OPI by July 10, retain a	
Room & Board							EIMBURSEMENT RA	··-	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Reimb	ursement rate is deterr	nined by	
Contingency Spec. Ed. Contin.						T Carrie	20-10-142, MCA.	illica by	
Spool Ed. Oorlan.									
									=
Agreement between	parent (parei	nt name)			, and	d school district (dist	rict name)		
(county name)			(County, hereinaf	ter referred	to as the District(s).			
	nsport or provide t							lian assures that a licensed and	
	the District shall p					nce reported on the contra- fication by the teacher or p		mber of days the student(s) was	
The payment shall	be computed on th					the information accompany			
Elementary School I			ard of Trustee			3.,		Date	_
Wisdom Elem High School District		Chair, Boa	ard of Trustee	es				Date	
			l c#c=4	that the above	informatio-	is true and samest			_
Signature - Parent or	Guardian		ı attest	triat the above i	iniormation	is true and correct.	Date		_
Signature - Parent Or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 a, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	·	Legal Entity
Wisdom Elem						Beaverhead		0010
High School or K-12 Di	strict Responsib	le for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between ele	ementary and	d high school	ol?				
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)		□ No	nhursoment	Stud	ent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstanc the county trans	tion of residend es must be rev portation comr	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Stud	ent Name	School	Grade
Elem District Approval		no	ials 		Stud	ent Name	School	Grade
HS District Approval County Approval	,	no no				CONTRACT IS FO	DR:	
Parent or Guardian I	Name: (Please	e Print)				les 1-12 st Semester Only	□ 2nd Semester Only	y Both Semesters
Zina Hensley					Pre-l	kindergarten/Kinder	garten	
Physical Address (st	reet address o	only):			□ 19	st Semester Only	☐ 2nd Semester Only	y
Distance from home Elementary 5.3 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only vel - Only include to Pre-K Total	s stop, if any	(one way) e covered by thi 1-8 Total	9-12 Total	CLE files.	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Scho RKS: Send original INTY SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R	times per day, times per day, times per day, times per day, times per day, times per day, times per day, times per day, tool Clerk June 1.	days per week da
insured driver will tr 2. In March and June, transported for the transported for the transported for the transported for the transported for the transported for the payment shall transported for the transpo	s: nsport or provide to ansport the studen the District shall po ast semester. se computed on the erminate at the en	ransportation for its. Mileage cont ay the parent the e basis of the sch d of the school ye	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the distar ation upon certif 42, MCA, and t	ice reported on the contract	session. The parent or guard tactually occurs. rincipal of the school of the nur	iian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		(County	<u> </u>	Legal Entity	
Polaris Elem						Beaverhead		0012	
High School or K-12 D	istrict Responsit	ole for Reimbu	irsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary ar	nd high school	ol?				•	
Are you applying for			□ No		Stude	nt Name	School	Grade	
(If yes, please attack ISOLATION: Section 2)	n explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement					
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.1)	lual circumstand the county trans	ces must be re sportation com	eviewed and ap nmittee, and the	proved by the	Stude	nt Name	School	Grade	
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Stude	nt Name	School	Grade	
District Trustees and the Elem District Approval	•		itials		Stude	nt Name	School	Grade	
HS District Approval County Approval		□ no □ no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian					Grade	s 1-12 Semester Only	 □ 2nd Semester Only	/ □ Both Semesters	
Debi Cain						·	·		
Physical Address (s	treet address	only):				ndergarten/Kinder Semester Only		/ □ Both Semesters	
					KINDI	ERGARTEN/PRE	(INDERGARTEN:		
Distance from home Elementary 6	e to nearest so HS 0	hool (one w	ay)		Kinde by thi	rgarten child ride s contract:	s <u>with</u> other school-a	ge students also covered days per week days per week	
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0						rgarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week	
☐ Contract is for or	ne-way only				lo or	from School	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	is contract.		dlines: NTS: Due to Sch	aal Clark luna 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLER			/ 1, retain a copy for your	
Regular Trans					files.				
Spec. Ed. Trans						ITY SUPERINTEN or your files.	IDENTS: Send origina	I to OPI by July 10, retain a	
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.								 	
Contingency						Reimbi	ursement rate is determ 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	n parent (parei	nt name)			, and s	school district (dist	rict name)	,,	
(county name)				County, hereinat	fter referred to	as the District(s).			
	ansport or provide							ian assures that a licensed and	
	, the District shall p					e reported on the contraction by the teacher or p		nber of days the student(s) was	
The payment shall	be computed on the	ne basis of the se	chedule establish	ned in Section 20-10-1	142, MCA, and the	e information accompany ol, whichever occurs firs	ing this contract. t.		
Elementary School			ard of Truste				-	Date	
Polaris Elem High School District		Chair, Boa	ard of Truste	es				Date	
			Lattes	t that the above	information is	true and correct			
Signature - Parent or	Guardian		raues	t triat trie above	iiiioiiiialioii IS	true and correct.	Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Polaris Elem						Beaverhead		0012	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	, provides for]				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Con	mittee.	proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Student Name School Grade				
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Kimberly Finch						•		,	
Physical Address (s	treet address	only):				kindergarten/Kinderg st Semester Only	☐ 2nd Semester Onl	y 🗆 Both Se	mesters
					KIN	DERGARTEN/PREM	(INDERGARTEN:		
Distance from home Elementary 12	to nearest sc HS 0	hool (one wa	ay)		Kind by t	dergarten child ride his contract:	times per day,times per day,	_	
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kin d To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	ool-age student days	s per week
☐ Contract is for or	ne-way only				To o	or from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	is contract.		adlines:	a al Olamba lava a 4		
	Pre-K	K	1-8	9-12		RENTS: Due to Scho			
	Total	Total	Total	Total	CLE files		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	10 rotain a
Spec. Ed. Trans						for your files.	DENTS. Send ongine	ar to Or 1 by July	TO, Telaili a
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbu	ursement rate is deterr 20-10-142, MCA.	mined by	
Spec. Ed. Contin.							, - -,		
Agreement between	parent (parer	nt name)			, and	d school district (distr	rict name)		······································
(county name)			(County, hereina	after referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	dian assures that a lic	censed and
	, the District shall p					nce reported on the contraction by the teacher or pr	ct actually occurs. Fincipal of the school of the nu	mber of days the stu	dent(s) was
The payment shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10- student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany	ing this contract. t.		
Elementary School			ard of Truste		,	,		Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			1 =44 = -	t that the elec-	informatica	in two and			
Signature - Parent or	Guardian		ı attes	ı ınaı ine above	iniormation	is true and correct.	Date		
griataro i arciit Or	- auraran						2410		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Res	ponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity	
Jackson Elem						Beaverhead		0014	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stud	ent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased reir	mbursement					
rates for special circums increased rates, individual trustees of the district, the Public Instruction. (10.7)	ual circumstand he county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grade	
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade	
District Trustees and the	-	In	nmittee. itials		Stud	ent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □	□ no □ no						Olddo	
		no				S CONTRACT IS FO les 1-12	<u>DR:</u>		
Parent or Guardian N	name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Onl	y Both Semesters	
Clay Peterson Physical Address (st	root addraga	only ():				kindergarten/Kinder			
Physical Address (st	reet address	Orliy).				st Semester Only	□ 2nd Semester Onl	y Both Semesters	
Distance from home to nearest school (one way) Elementary 8.5 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence						nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to School INTY SUPERINTEN for your files. RE RE RE RE RE RE RE RE RE R	times per day, times	days per week da	
Reg. Contingency						Reimbu	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							•		
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	s: asport or provide to an sport the student the District shall past semester. be computed on the	cransportation for this. Mileage corray the parent the basis of the se	r the student(s) to tracts are valid of e sum officially a chedule establish	County, hereinaf o and from the school only when transportati pproved in the applica ned in Section 20-10-1	fter referred I or bus stop on ion for the distar ation upon certif	nce reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nur	lian assures that a licensed and mber of days the student(s) was	
Elementary School D Jackson Elem			ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information	is true and correct.			
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Respo	onsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Jackson Elem						Beaverhead		0014
High School or K-12 Distr	ict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract shared ☐ yes ☐ no	between ele	ementary ar	nd high schoo	ol?				
Are you applying for is		ıs? □ Yes	□ No		Stu	dent Name	School	Grade
(If yes, please attach e ISOLATION: Section 20-	explanation) -10-142, MCA	, provides for	increased rein	nbursement	Otal	icht ivanic	GCHOOL	Clade
rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isolated included in the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	proved by the	Stud	lent Name	School	Grade
Check here only if increase District Trustees and the	ed payment o	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval	□ yes □		itials		Stud	dent Name	School	Grade
County Approval	□ yes □	no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian Na	me: (Please	e Print)				st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Deanna Peterson Physical Address (stre		only):				kindergarten/Kinder st Semester Only		y □ Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home to Elementary 6	nearest scl HS 0	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0						dergarten child ride	es without other scho	ol-age students: days per week days per week days per week
□ Contract is for one	-way only				100	or from School	times per day, _	days per week
Students in Each Grade Level	l - Only include t	the students to I	be covered by this	s contract.	<u>Dea</u>	adlines: RENTS: Due to Sch	nol Clark June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send original		y 1, retain a copy for your
Regular Trans								
Spec. Ed. Trans						JNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20 10 142, 10071.	
Agreement between p	arent (paren	nt name)			, and	d school district (distr	rict name)	
(county name)						to as the District(s).		
The parties agree as follows:	oort or provide tr	ransportation for		-			session. The parent or quard	ian assures that a licensed and
insured driver will trans	sport the studen	its. Mileage cor	ntracts are valid o	nly when transportation	on for the dista	nce reported on the contract	ct actually occurs.	mber of days the student(s) was
transported for the pas 3. The payment shall be	st semester. computed on the	e basis of the so	chedule establish	ed in Section 20-10-1	I42, MCA, and	the information accompany	ring this contract.	
	ninate at the en	d of the school		student(s) is no longe		chool, whichever occurs firs		Date
Jackson Elem		,						
High School District		Cnair, Boa	ard of Trustee	es				Date
			l attest	that the above	information	is true and correct.		
Signature - Parent or Gu	ıardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	MT 59620-	-2501		Du	ie to Scho	ol Clerk June 1			
Elementary District Respo	onsible for Rei	imbursing the	Contract			County	I	Legal Entity	
Jackson Elem						Beaverhead		0014	
High School or K-12 Distri	ict Responsibl	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract shared ☐ yes ☐ no	between ele	ementary ar	nd high school	ol?					
Are you applying for is	olation statu	ıs? □ Yes	□ No		Stuc	dent Name	School	Grad	 de
(If yes, please attach e ISOLATION: Section 20-	explanation) 10-142, MCA	, provides for	increased rein	nbursement		icht ivanic	CCHOOL	Grac	10
rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isolat I circumstance county transp	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	lent Name	School	Grad	<u>ə</u>
Check here only if increas	ed payment d	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grad	əb
		Ini no	itials 			lent Name	School	Grac	ət
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>		
Parent or Guardian Na	ime: (Please	e Print)				st Semester Only	☐ 2nd Semester Only	√ □ Both Semesters	
Leah Tucker Physical Address (stre	et address c	only):				kindergarten/Kinder st Semester Only		/ □ Both Semesters	
Distance from home to Elementary 10 Distance from home to Elementary 0 Contract is for one-Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 nearest bus HS 0 way only	s stop, if an	y (one way) De covered by thi 1-8 Total	9-12 Total	Eximite the point of the point	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original of for your files. REINTS:	times per day, times	days per wee days	ek ek ek ek
(county name) The parties agree as follows: 1. The parent shall transpinsured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be 4. This contract shall term	The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date								
High School District		Chair, Boa	ard of Trustee	es				Date	
		<u> </u>	I attest	t that the above	information	is true and correct.		<u> </u>	
Signature - Parent or Gu	ıardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Res	sponsible for Re	eimbursing the	Contract		Cou	nty	l	Legal Entity	
Jackson Elem					Res	averhead		0014	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	Cou			Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				•	
Are you applying for			□ No		Student N	lame	School	Grade	
(If yes, please attack ISOLATION: Section 3	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Old don't		G 0.1361	0.000	
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and ap nmittee, and the	o receive oproved by the	Student N	lame	School	Grade	
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Student N	lame	School	Grade	
District Trustees and the Elem District Approval	-		itials		Student N	lame	School	Grade	
HS District Approval County Approval		□ no □ no			THIS CO	NTRACT IS FO	OR:		
Parent or Guardian					Grades 1			v □ Both Semesters	
Leslie Lula						,		y Both Comesters	
Physical Address (s	treet address	only):				rgarten/Kinder mester Only		y Both Semesters	
					KINDERO	ARTEN/PRE	KINDERGARTEN:		
Distance from home Elementary 4	to nearest so HS 0	chool (one w	ay)		Kinderga by this c	rten child ride	es with other school-a	days per week days per week days per week	
Distance from home Elementary 0	ıs stop, if an	y (one way)		Kinderga To or fron	rten child riden Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week		
☐ Contract is for or	ne-way only				TO OF ITOM	1 SC1001	times per day, _	days per week	
Students in Each Grade Le	evel - Only include	the students to	be covered by thi	s contract.	Deadlir PARENT		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your	
Regular Trans									
Spec. Ed. Trans					county copy for y		IDENTS: Send origina	Il to OPI by July 10, retain a	
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence							rict, county and OPI		
Reg.									
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							20-10-142, WOA.		
				_					
Agreement between	parent (pare	nt name)			, and scho	ool district (dist	rict name)	,	
(county name)			(County hereinaf	ter referred to as	the District(s)			
The parties agree as follow		transportation fo		•		,		ian assures that a licensed and	
In March and June,	the District shall p				on for the distance repation upon certification			mber of days the student(s) was	
transported for the 3. The payment shall	past semester. be computed on th	ne basis of the s	chedule establish	ed in Section 20-10-1	142, MCA, and the info	rmation accompany	ying this contract.	• •	
Elementary School I			year or when the ard of Truste		er enrolled in school, w	hichever occurs fire	st.	Date	
Jackson Elem High School District		Chair Bo	ard of Truste	es				Date	
- ligh School District		Oriali, Bu	ara or rrusie					Date	
			l attes	t that the above	information is tru	e and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006 Due to School Clerk June 1

Contract #

Helen	a, MT 59620	-2501		Di	ue to Schoo	ol Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract			County	•	Legal Entity
Jackson Elem		-				Beaverhead		0014
High School or K-12 Dis	strict Responsib	ole for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between el	ementary and	d high school	ol?				
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attach	n explanation) 20-10-142, MCA	A, provides for i	ncreased rein	nbursement	1			
rates for special circum- increased rates, individe trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstanc he county trans	tion of residen- ces must be revenues to the community of	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if incre	·	, i	,	proved by the	Stud	ent Name	School	Grade
District Trustees and the	e County Trans	portation Com	mittee. ials	p. 6 7 6 4 5 7 11. 6				
Elem District Approval yes no HS District Approval ses no					Stud	ent Name	School	Grade
	County Approval						DR:	
Parent or Guardian N	Name: (Please	e Print)				les 1-12 st Semester Only	□ 2nd Semester Onl	y Both Semesters
Linda Hurst					Pro	kindergarten/Kinder	garton	
Physical Address (st	reet address	only):						y Both Semesters
					KINI	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home to nearest school (one way) Elementary 4 HS 0 Distance from home to nearest bus stop, if any (one way)					Kind by tl To o To o	lergarten child ridenis contract: r from Bus Stop r from School	es <u>with</u> other school-	days per week days per week
Elementary 0	HS 0	,	(),		To o	r from Bus Stop	times per day, _	days per week days per week
☐ Contract is for on	e-way only				100		unles per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to be	e covered by thi	s contract.	Dea	ndlines: ENTS: Due to Sch	aal Clark luna 1	
	Pre-K	K	1-8	9-12				
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a copy for your
Regular Trans							IDENTS, Sand origina	al to OPI by July 10, retain a
Spec. Ed. Trans						for your files.	IDENTS. Send ongina	ai to OFI by July 10, letaill a
Room & Board							EIMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimb	ursement rate is deterr 20-10-142, MCA.	nined by
Spec. Ed. Contin.							20-10-142, WCA.	
Agreement between	narent (narer	nt name)			and	school district (distr	rict name)	
	parent (paren	it riarrie)			 -	,	,	,
(county name) The parties agree as follows:	s:			County, hereina	after referred	to as the District(s).		
The parent shall tran	nsport or provide t					the days when school is in ace reported on the contract		dian assures that a licensed and
	the District shall p							mber of days the student(s) was
The payment shall be	e computed on th					he information accompany nool, whichever occurs firs		
Elementary School D			rd of Truste		gor critolica ili SC	iooi, willionever occurs IIIs		Date
Jackson Elem High School District		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620)-2501	Due to So	chool Clerk June 1						
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity				
Jackson Elem			Beaverhead		0014				
High School or K-12 District Responsi	ble for Reimbursing the Cont	ract	County		Legal Entity				
Is this contract shared between e	lementary and high school	ol?							
Are you applying for isolation stat		<u>.</u>	Student Name	School	Grade				
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA) A, provides for increased reir			C 0 C 0.	3.443				
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ces must be reviewed and approportation committee, and the	o receive oproved by the	Student Name	School	Grade				
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade				
HS District Approval ☐ yes	Initials □ no □ no □ no		Student Name	School	Grade				
County Approval	□ no		THIS CONTRACT IS FO Grades 1-12	<u>'R:</u>					
Parent or Guardian Name: (Pleas	e Print)		1st Semester Only	□ 2nd Semester Only	□ Both Semesters				
Lynn Hirschy Physical Address (street address	only):		Pre-kindergarten/Kinderg □ 1st Semester Only		□ Both Semesters				
Distance from home to nearest so Elementary 16 HS 0 Distance from home to nearest by Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (one way)	is contract. 9-12 Total f	cy this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original liles. COUNTY SUPERINTEN COUNTY SUPERINTEN COPY FOR YOUR FILES. RE (For disti	times per day, times per day, times per day, s without other school times per day, times per day, times per day, tool Clerk June 1. to County Supt by July	days per week days per week 1, retain a copy for your to OPI by July 10, retain a TE use only)				
(county name) The parties agree as follows: The parent shall transport or provide insured driver will transport the stude In March and June, the District shall transported for the past semester. The payment shall be computed on the	The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date								
High School District	Chair, Board of Truste	es			Date				
	I attes	t that the above informat	tion is true and correct.						
Signature - Parent or Guardian				Date					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Jackson Elem						Beaverhead		0014
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stu	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	A. provides for	increased rein	nbursement	Otac	icht ivanic	GCHOOL	Clade
rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive proved by the	Stud	lent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:	
Parent or Guardian N	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters
Mike D. Peterson Physical Address (st		only):				kindergarten/Kinder st Semester Only		y Both Semesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary 8	to nearest sc HS 0	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week days per week days per week
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$						dergarten child ride	es without other scho	ol-age students: days per week days per week days per week
□ Contract is for on	e-way only				100	or from School	times per day, _	days per week
Students in Each Grade Le	vel - Only include	the students to	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	aal Clark lung 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original		y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						JNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT RA	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Daimb		ain ad hu
Contingency						Reimbi	ursement rate is detern 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	parent (parer	nt name)			, and	d school district (dist	rict name)	,
(county name)			(County, hereinaf	ter referred	to as the District(s).		
	nsport or provide t							ian assures that a licensed and
In March and June,	the District shall p					nce reported on the contraction by the teacher or p		mber of days the student(s) was
	e computed on th					the information accompany		
Elementary School D			year or when the ard of Trustee		ei enrolled in so	chool, whichever occurs firs	l.	Date
Jackson Elem High School District		Chair Bos	ard of Trustee	es				Date
g.r conoci biotilot		Chair, Bot						23.0
			I attest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620		Duc	to School Clerk June 1					
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity			
Jackson Elem			Beaverhead		0014			
High School or K-12 District Responsib	ole for Reimbursing the Conf	tract	County		Legal Entity			
ls this contract shared between el ☐ yes ☐ no	ementary and high scho	ol?						
Are you applying for isolation statu			Student Name	School	Grade			
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A provides for increased rein	mbursement	Cladent Name	2011001	Grade			
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order to ses must be reviewed and approportation committee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade			
Elem District Approval □ yes	Initials □ no		Student Name	School	Grade			
	□ no		THIS CONTRACT IS F	OR:				
Parent or Guardian Name: (Please	e Print)		Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
Tammy Greene			Pro kindorgarton/Kindo	raarton				
Physical Address (street address	only):		Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters					
			KINDERGARTEN/PRE					
Distance from home to nearest so Elementary 14 HS 0	chool (one way)		Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day days per week					
Distance from home to nearest bu	us stop, if any (one way)							
Elementary 0 HS 0 To or from Bus Stop times per day, days per week To or from School times per day, days per week Contract is for one-way only								
Students in Each Grade Level - Only include the students to be covered by this contract. Deadlines:								
Pre-K	K 1-8	9-12	PARENTS: Due to Sch	iool Clerk June 1.				
Total	Total Total	Total	CLERKS: Send original files.	ıl to County Supt by Jul	ly 1, retain a copy for your			
Regular Trans			COUNTY SUPERINTE	NDENTS: Send origina	al to OPI by July 10, retain a			
Spec. Ed. Trans			copy for your files.					
Room & Board			REIMBURSEMENT RATE					
Correspondence			(For dis	trict, county and OPI	ruse only)			
Reg.			Raimh	oursement rate is determ	mined by			
Contingency Spec. Ed. Contin.			T.Cillik	20-10-142, MCA.	Timed by			
Spec. Lu. Contin.								
Agreement between parent (parent name), and school district (district name),								
(county name) County, hereinafter referred to as the District(s).								
			bus stop on the days when school is i		dian assures that a licensed and			
In March and June, the District shall p			for the distance reported on the contra on upon certification by the teacher or p		umber of days the student(s) was			
transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.								
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date								
Jackson Elem								
High School District	Chair, Board of Truste	air, Board of Trustees Date						
I attest that the above information is true and correct.								
Signature - Parent or Guardian Date								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 a, MT 59620	Due to School Clerk June 1							
Elementary District Resp	y District Responsible for Reimbursing the Contract					County	<u> </u>	Legal Entity	
Jackson Elem						Beaverhead		0014	
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity	
Beaverhead County H S						Beaverhead		0006	
Is this contract shared between elementary and high school? ☐ yes ☐ no									
Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation)					Stud	dent Name	School	Grade	
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Student Name School Grade				
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	Initials				Student Name School Grade				
County Approval	□ yes	□ no				S CONTRACT IS FO	PR:		
Parent or Guardian N	lame: (Pleas	e Print)				Grades 1-12 □ 1st Semester Only □ 2nd Semester Only □ Both Semesters			
Tracy Folsom					Pre-	Pre-kindergarten/Kindergarten			
Physical Address (str	eet address	only):			□ 1	☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters			
Distance from home Elementary 7.5 Distance from home Elementary 0 Contract is for one Students in Each Grade Leventary 1 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 42.5 to nearest bu HS 5 e-way only	5 us stop, if any	(one way)	is contract. 9-12 Total	Kinn by the Took Kinn Took Took PAR PAR CLE	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original . JNTY SUPERINTEN y for your files. RENTS: RE	times per day, times per day, times per day, s without other scho times per day, times per day, times per day, tool Clerk June 1.	use only)	
Agreement between parent (parent name)									
Elementary School D Jackson Elem	istrict	Chair, Board of Trustees						Date	
High School District Beaverhead County I	H S	Chair, Board of Trustees						Date	
I attest that the above information is true and correct.									
Signature - Parent or Guardian									